

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Description of Operations: _____

Aircraft Information

1. Date Purchased? _____

2. Capacity? Passenger: _____ Crew: _____

3. Year, Make and Model of Aircraft: _____

4. Make and Horsepower of Engines: Turbo Charged Not Turbo Charged

5. Provide the maintenance schedule for aircraft; specifically, the date of the last major maintenance (including the findings), and how often maintenance is performed.

6. Equipment Installed in Aircraft:

DME Transformer

Auto-Pilot Radar

7. Date Last Re-licensed: _____

8. Aircraft Will Be Based At:

City: _____ State: _____ Airport: _____

9. Registered Owner of Aircraft: _____

10. The Aircraft has:

Is a Land Plane Yes No

Has a Standard Air Worthiness Certificate Yes No

Will Usually be Hangared Yes No

11. The Airport has:

FAA Tower

Yes No

Runway Lights

Yes No

Paved Runways

Yes No

Pilot Information

Information is required on each pilot who will operate aircraft.

State "Flying Experience" in hours as pilot in command. If more than two pilots, attach separate sheet.

Pilot #1

1. General Information

Name:

Age:

Occupation:

Year Learned to Fly:

Date of Last Medical:

Certificate No.:

Issue Date:

2. FAA Pilot Certificates Ratings

Student

ASES

Private

AMES

ASEL

Instrument

Commercial

Rotor Craft

AMEL

ATR

CFI

Other:

3. Flying Experience:

Category	Total	Last 12 Mo.	Last 3 Mo
All Aircraft			
This Make & Model		N/A	
S/E Retractable Gear		N/A	
Multi Engine		N/A	

Category	Jet	Turbo	Prop
Civilian Last 10 Years			
Military Last 10 Years			

4. Explain each Yes answer:

As a pilot, have you had any accidents, citations for F.A.R. violations or license limitations? Yes No

Any physical impairments, limitations, or waivers on medical certificate? Yes No

Any felony convictions or license suspensions arising out of operation of a motor vehicle? Yes No

Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs? Yes No

Explanation(s):

Pilot #2

1. General Information

Name: _____

Age: _____

Occupation: _____

Year Learned to Fly: _____

Date of Last Medical: _____

Certificate No.: _____

Issue Date: _____

2. FAA Pilot Certificates Ratings

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> ASES |
| <input type="checkbox"/> Private | <input type="checkbox"/> AMES |
| <input type="checkbox"/> ASEL | <input type="checkbox"/> Instrument |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rotor Craft |
| <input type="checkbox"/> AMEL | <input type="checkbox"/> ATR |
| <input type="checkbox"/> CFI | |
| <input type="checkbox"/> Other: _____ | |

3. Flying Experience:

Category	Total	Last 12 Mo.	Last 3 Mo
All Aircraft			
This Make & Model		N/A	
S/E Retractable Gear		N/A	
Multi Engine		N/A	

Category	Jet	Turbo	Prop
Civilian Last 10 Years			
Military Last 10 Years			

4. Explain each Yes answer:

- As a pilot, have you had any accidents, citations for F.A.R. violations or license limitations? Yes No
- Any physical impairments, limitations, or waivers on medical certificate? Yes No
- Any felony convictions or license suspensions arising out of operation of a motor vehicle? Yes No
- Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs? Yes No

Explanation(s):

Use of Aircraft

1. Average occupancy per trip, including crew: _____

2. Will aircraft be operated outside the continental USA? Yes No

If Yes, state where, purpose and frequency:

3. Other than transportation of people, describe any operations (e.g., crop spraying, photography, medical evacuation, traffic control, police work, pilot training, news reporting, inspection work etc.)

4. List the three most common destinations:

	City	State	Airport
1			
2			
3			

Insurance Data

1. Explain each yes answer.

Has applicant had any aircraft/aviation losses/claims during the last five years? Yes No

Are any other aircraft owned, leased to, or hired by the employer? Yes No

Has any insurer cancelled, declined, or refused to renew any aviation insurance? Yes No

Explanation(s):



Industrial Aid Risk

Workers Compensation Supplemental Application

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____