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| GA logo 08 1  **WORKERS COMPENSATION SUPPLEMENTAL AVIATION INFORMATION WORKSHEET** | | | | | |
| APPLICANT NAME: | | DATE: | | | |
| * Are you a current Global Aerospace insured? **Yes**   **No** If **Yes**, line of business: * Is submitting broker the same broker on current business? **Yes**   **No** * Primary destinations or operations: * Who are typical passengers?      % for Part 91      % for Part 135 * How are services provided? (i.e. per service basis or via contracts with clients for defined period) * Average number of flight hours per month? Part 91:       Part 135:   **Fixed Wing Rotor Wing**   * List total number of: Pilots: FT      PT       FT      PT   Flight Attendants: FT      PT         * Average number of Applicant’s employees in one aircraft at one time. * Max number of Applicant’s employees in aircraft at one time: * Are pilot reports on file with the local Global Aerospace office? **Yes**   **No** * How is your maintenance performed and by whom?   Major  In house  Training  Software Program   * Do employees perform test flights after maintenance or service of aircraft?   **Yes**   **No**   * Any contract employees? **Yes**   **No**   If Yes, provide description of duties and estimated 1099 payroll. | **Questions 1-12 ONLY: If Response is YES, Please explain in REMARKS section below.** | | | **Yes** | **No** |
| 1. Any contracts with U.S. Armed Forces? | | |  |  |
| 1. Any U.S. L&H Workers Act exposure? | | |  |  |
| 1. Any Defense Base Act exposure? | | |  |  |
| 1. Any Outer Continental Shelf Limits Act exposure? | | |  |  |
| 1. Any rotor wing heavy lift or logging operations? | | |  |  |
| 1. Any antique, ex-military, experimental aircraft? | | |  |  |
| 1. Any aerobatic, exhibition or racing aircraft? | | |  |  |
| 1. Any seaplane, float, ski, bush operations? | | |  |  |
| 1. Any other unusual or unique operations? | | |  |  |
| 1. Any operations from unprepared sites? | | |  |  |
| 1. Any exterior cleaning, stripping or spray painting operations? | | |  |  |
| 1. Any international exposures? If so, where? How often? Duration of layovers? | | |  |  |
| **SAFETY PROGRAM** | | |  |  |
| Do you have a designated full-time Safety Director/Risk Manager? | | |  |  |
| Is safety training held for all employees? | | |  |  |
| Are regular safety meetings held for all employees? | | |  |  |
| Are Supervisors held accountable for accidents? | | |  |  |
|  | Do you require use of personal protective equipment by ground personnel? | | |  |  |
|  | Do you have a Return to Work program? | | |  |  |
| **PLEASE ATTACH:** 1. Non Global Aerospace business: Pilot Reports  2. Schedule of aircraft that includes the use and seating. | | | | | |
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| **REMARKS:** (Attach additional sheets if necessary) | | | | | |
| **Signed and completed by:** | | | **Date:** | | |