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| GA logo 08 1**WORKERS COMPENSATIONSUPPLEMENTAL 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 Reports2. Schedule of aircraft that includes the use and seating.  |
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| **REMARKS:** (Attach additional sheets if necessary) |
| **Signed and completed by:** | **Date:** |