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| Global Aerospace Logo  **WORKERS COMPENSATION SUPPLEMENTAL AVIATION INFORMATION WORKSHEET** | | | | |
| Applicant Name:  Address:  Website: | | Contact:  Contact Email:  Date: | | |
| * Are you a current Global Aerospace insured? Yes  No  If No, Who is your Hull and Liability Carrier? * Is submitting broker the same broker on current business? Yes  No   Description of Operations:   |  | | --- | |  |  * Do you have any other Workers’ Compensation policy in force for any non-aviation operations? Yes  No   Aircraft Information:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Year | Make & Model | Est. Annual Hours Flown | # of Crew | # of Pax | Airport Identifier | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   \*For additional aircraft, please provide Fleet Schedule   * What is the average       and the maximum       number of covered employees on board any aircraft at any given time? (A covered employee is any employee or persons engaged in work covered by your policy) * Do you operate internationally? Yes  No * If Yes, What are the expected number of trips (     ), destinations (     ), and the average days of layover (     )? * Do you own or operate any other aircraft not listed in the schedule (e.g. – military, experimental, glider, balloon or other aircraft)? Yes  No , If YES, please provide details in the REMARKS section at right.   Do employees perform test flights after maintenance or service of aircraft? Yes  No  List Total Number of:   |  |  |  | | --- | --- | --- | | Fixed Wing Pilots | FT: | PT: | | Roto Wing Pilots | FT: | PT: | | Flight Attendants | FT: | PT: |   Any contract employees? Yes  No , If Yes, provide description of duties and estimated 1099 payroll,      .  Do all Pilots attend a manufacturer’s approved initial and annual recurrent training Program? Yes  No , If No, please provide pilot experience requirements in your aircraft policy requirements in the REMARKS section at right. | | **Questions 1-11 ONLY: If Response is YES, Please explain in REMARKS section below.** | Yes | No |
| Any contracts with U.S. Armed Forces? |  |  |
| Any U.S. Longshore and Harbor Workers Act exposure? |  |  |
| Any Defense Base Act exposure? |  |  |
| Any Outer Continental Shelf Limits Act exposure? |  |  |
| Any off-shore operations? |  |  |
| Any scheduled operations? |  |  |
| Any seaplane, float, ski, bush operations? |  |  |
| Any operations from unpaved or unprepared sites? |  |  |
| Any other unusual or unique operations? |  |  |
| Are any employees based outside the U.S.? |  |  |
| Any exterior cleaning, stripping or spray painting operations? |  |  |
| **SAFETY PROGRAM** | Yes | No |
| Do you have a designated full-time Safety Director/Risk Manager? |  |  |
| Is job-specific safety training held for all employees? |  |  |
| Are regular safety meetings held for all employees? |  |  |
| Do you require use of job-specific personal protective equipment? |  |  |
| Do you complete and document physical inspections and hazards checks? |  |  |
| Do you have a Return to Work program? |  |  |
| Have you had an aircraft or other fatality accident within the previous 10 years? |  |  |
| Have you been inspected by OSHA or the FAA? |  |  |
| **REMARKS**: (Attach additional sheets if necessary) |  |  |
| **Signed and completed by**: |  | | | |