

# OLD REPUBLIC INSURANCE COMPANY



## Workers' Compensation Supplemental Application

Applicant Name: \_\_\_\_\_

NBAA Member?  Yes  No If Yes, NBAA Number: \_\_\_\_\_

Description of Operations: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
Year Make & Model of Aircraft(s) operated: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
Number of passenger seats: _____		<i>(Please attach fleet schedule, if more than (1) aircraft)</i>	
Airport Location & Identifier: _____			
Name of your Aviation Hull & Liability Insurance Company: _____			
List total number of pilots/crew:	Fixed Wing: FT _____ PT _____	Any Flight Attendants? <input type="radio"/> Yes <input type="radio"/> No	
	Rotor Wing: FT _____ PT _____	If so, how many? _____	
Any leased or independent contractor employees? <input type="radio"/> Yes <input type="radio"/> No		Estimated 1099 Payroll: \$ _____	
If so, how many? _____		Are Certificates of Insurance required? <input type="radio"/> Yes <input type="radio"/> No	
Have all pilots attended the aircraft manufacturer's approved initial or recurrent training school for all aircraft being operated within the previous 12 months? <input type="radio"/> Yes <input type="radio"/> No			
Maximum number of covered officers and/or employees in one aircraft at one time? _____			
Average number of covered officers and/or employees in one aircraft at one time? _____			
Any international exposure? <input type="radio"/> Yes <input type="radio"/> No		If so, where? _____	
How often per year? _____		Average duration of layover? _____	
Do you engage in any Part 91 Operations? <input type="radio"/> Yes <input type="radio"/> No		Any operations outside Part 91 or Part 135? Please describe:	
Do you engage in any Part 135 operations? <input type="radio"/> Yes <input type="radio"/> No		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Do you engage in any seaplane, float, ski or bush operations or have any maritime exposure? <input type="radio"/> Yes <input type="radio"/> No			
Any antique, experimental, ex-military, aerobatic, exhibition or racing aircraft exposure? <input type="radio"/> Yes <input type="radio"/> No			
Any exterior cleaning, stripping, or spray painting operations? <input type="radio"/> Yes <input type="radio"/> No			
Do employees perform test flights after maintenance or service of aircraft? <input type="radio"/> Yes <input type="radio"/> No			
Do employees use personal vehicles in the course of employment? <input type="radio"/> Yes <input type="radio"/> No			
Do you have any other Workers' Compensation policies in force? <input type="radio"/> Yes <input type="radio"/> No			
If so, who is the insurance carrier & what is the policy number? _____		Effective Date: _____	

<b>Exposure to U.S. Acts</b>			
USL&H Act? <input type="radio"/> Yes <input type="radio"/> No	Federal Employer's Liability Act? <input type="radio"/> Yes <input type="radio"/> No		
Defense Base Act? <input type="radio"/> Yes <input type="radio"/> No	Jones Act? <input type="radio"/> Yes <input type="radio"/> No		
Outer Continental Shelf Lands Act? <input type="radio"/> Yes <input type="radio"/> No	Migration & Seasonal Workers Act? <input type="radio"/> Yes <input type="radio"/> No		

<b>Aviation Safety &amp; Loss Control Program</b>	
Written statement of safety policy? <input type="radio"/> Yes <input type="radio"/> No	
Written safety program with responsibility assigned? <input type="radio"/> Yes <input type="radio"/> No	
Regular safety meetings with documentation? <input type="radio"/> Yes <input type="radio"/> No	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_