

WORKERS' COMPENSATION SUPPLEMENTAL AVIATION INFORMATION WORKSHEET

APPLICANT NAME:		DATE:		
DETAILED DESCRIPTION OF AVIATION OPERATIONS				
• Are you a current Global Aerospace insured? Yes 🔲 No 🗌			Yes	No
If Yes, line of business: • Is submitting broker the same broker on current business? Yes No • Base of aircraft operations: • 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)		Any contracts with U.S. Armed Forces?		
		Any U.S. Acts Coverage?		
		Any U.S. L&H Workers Act Coverage?		
		Any Defense Base Act Coverage?		
		Any Outer Continental Shelf Limits Act Coverage?		
		Any Federal Employer's Liability Act Coverage?		
What is the average number of flights per month? Part 91: Part 135:	Any operations outside Western Hemisphere?			
	Any rotor wing heavy lift or logging operations?			
Fixed Wing Rotor Wing • List total number of: Pilots: FT PT FT PT	Any antique, ex-military, experimental aircraft?			
List total number of: Pilots: FT PT FT PT	Any aero	obatic, exhibition or racing aircraft?		
Flight Attendants: FTPTFTPT • Average number of officers and/or employees in one aircraft at one time. • Max number of officers / employees in aircraft at one time: • Max number of officers / employees in aircraft at one time: • Are pilot reports on file with the local Global Aerospace office? • How is your maintenance performed and by whom? □ Major □ In house □ Training □ Software Program	Any seaplane, float, ski, bush operations?			
	Any othe	er unusual or unique operations?		
	Any "scheduled" operations?			
	Any operations from unprepared sites?			
	Any exterior cleaning, stripping or spray painting operations?			
	Any international exposures?			
		oyees perform test flights after ance or service of aircraft?		
PLEASE ATTACH: 1. Provide a copy of minimum pilot requirements (as contained in operations manual). 2. Attach schedule of aircraft that includes the use and seating. 3. The responsibilities of the Safety Officer (provide monthly minutes and a copy of the safety plan if available).				
REMARKS: (Attach additional sheets if necessary)				

Target Quote Date:

Signed and completed by:

Date: