



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

NAME:

EFFECTIVE DATE:

Detailed Description of Business Operations:

1. Use of Aircraft by number and type – attach schedule:

Name of Hull and Liability Carrier:

	Fixed Wing	Rotor Wing
a. Charter, Sales, I & R	# _____ Type _____	# _____ Type _____
b. Cargo or package Trans:	# _____ Type _____	# _____ Type _____
c. Power/Pipeline patrol:	# _____ Type _____	# _____ Type _____
d. Ag/forestry applications:	# _____ Type _____	# _____ Type _____
e. P & B, Industrial Aide:	Year _____ Make _____ Model _____	#pax seats _____
f. Airlines, commuter	# _____ Type _____	# seats _____ # crew _____

2. Location Details:

Location 1. Airport Identifier _____

Name of Entity _____ FEIN _____

Address _____ Zip Code _____

Number of Employees _____ Max. number on duty at one time _____

Location 2. Airport Identifier _____

Name of Entity _____ FEIN _____

Address _____ Zip Code _____

Number of Employees _____ Max. number on duty at one time _____

Location 3. Airport Identifier _____

Name of Entity _____ FEIN _____

Address _____ Zip Code _____

Number of Employees _____ Max. number on duty at one time _____

