

AIRCRAFT SUPPLEMENTAL APPLICATION

Applicant's Representative: _____ Address: _____ Effective date: _____	<input type="checkbox"/> New application <input type="checkbox"/> Renewal of policy number
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1. Name of applicant (List only qualified self-insureds.): _____

2. Provide description of each owned, leased or chartered aircraft

DESCRIPTION OF AIRCRAFT - YEAR, MAKE, MODEL (INDICATE IF AMPHIBIOUS)	J = JET P = PROP H = HELICOPTER O = OTHER		O = OWNED C = REGULARLY CHARTERED* L = LEASED*		MONTHLY AVERAGE HOURS TRIPS	
	CREW	PASS.	CREW	PASS.	HOURS	TRIPS

*If aircraft is regularly chartered or leased, attach a copy of the contract. Does applicant hold charterer or lessor harmless? yes no

3. Provide the following information for each aircraft indicated above:

STATE HANGARED	DETAILED DESCRIPTION OF GENERAL USE	TOTAL SEATS		AVG. EMPLOYEES PER TRIP		DESTINATION USUAL TRIP	
		CREW	PASS.	CREW	PASS.	FROM (CITY, STATE) TO (CITY, STATE)	

4. Any trips outside U.S. in past two years? yes no If "yes", explain.

5. Provide the following pilot information and attach copy of pilot history:

NAME	AGE	HIGHEST RATING HELD		TOTAL HOURS			HOURS LAST 120 DAYS	FULL TIME PILOT?	EMPLOYED BY APPLICANT?
		TYPE	DATED	SINGLE	MULTI	ROTOR			
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Applicant's Representative Signature: _____
 (Please type name, title, and company of submitting broker on signature line above)

Date: _____

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and subsidiaries: _____