

WORKERS COMPENSATION INSURANCE APPLICATION

Mail to: (Branch/Underwriter)

Date

PRODUCER		APPLICANT INFORMATION		
Producers Code		Name		
		Mailing Address (Include Zip Code)		
Employer's I.D. Number	Rating Bureau I.D. Number	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Years in Business____ <input type="checkbox"/> Other (Explain)		
		<input type="checkbox"/> Quote-Date	<input type="checkbox"/> Binder-Date	<input type="checkbox"/> Issue-Date

LOCATIONS	Street	City	State	Zip Code
1.				
2.				
3.				
4.				
5.				

POLICY INFORMATION			Effective Date		Expiration Date		Normal Anniversary Rating Date		Payment Plan		Audit Period	
			<input type="checkbox"/> Annual		<input type="checkbox"/> Annual				<input type="checkbox"/> Semi-Annual		<input type="checkbox"/> Semi-Annual	
			<input type="checkbox"/> Quarterly		<input type="checkbox"/> Quarterly				<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly	
			<input type="checkbox"/> Other_____		<input type="checkbox"/> Other_____							
If divided risk, Name of Carrier providing Non-Aviation Workers Compensation			Policy Number		Expiration Date							

RATING INFORMATION						
STATE	CLASS CODE	CATEGORIES, DUTIES OR CLASSIFICATIONS	NO. OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM

Specify Additional Coverages and Endorsements	Total
<input type="checkbox"/> U.S.L. & H.	Experience Modification
<input type="checkbox"/> Voluntary Compensation Endorsement	Modified Premium
<input type="checkbox"/> Coverage "B" - Employer's Liability Increased Liability to \$	Premium Discount
<input type="checkbox"/> Other (Explain) _____	Total Estimated Annual Premium

MINIMUM PREMIUM	DEPOSIT PREMIUM	<i>PLEASE COMPLETE REVERSE SIDE</i>
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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

INDIVIDUALS - INCLUDED OR EXCLUDED

Partners, Officers, Relatives to be included or Excluded, Remuneration to be included must be part of RATING INFORMATION section

No.	Name	Age	Title and/or Relationship	Ownership Percentage	Duties	Included Excluded	Class Code	Remuneration

PRIOR EXPERIENCE

Provide information for past five (5) years and use "Remarks" section below for loss details

Year	Insurer and Policy Number	Annual Premium	Modification	No. of Claims	Amount of Paid Claims	Reserved Claims

NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS

Give comments and descriptions of nature of business, operations and services

AIRCRAFT FLEET

(If more convenient, attach schedule from aircraft policy or reporting form)

FAA "N" Number	Year, Make and Model of Aircraft	Crew Seats	Passenger Seats	Uses

GENERAL INFORMATION

EXPLAIN "Yes" in "Remarks" section, or by separate attachment

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Does Applicant own, operate or lease aircraft? |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Does Applicant operate aircraft outside of the continental United States of America? |
| 3 | ___ | ___ | Maximum number of officers and/or employees in one aircraft at one time. |
| 4 | ___ | ___ | Average number of officers and/or employees in one aircraft at one time. |
| 5 | ___ | ___ | Total number of hours flown by officers and/or employees during year. |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Are independent contractors used? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Any work sublet without certificate of insurance? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Is a formal safety program in operation? |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Any exposure to chemicals or explosives? |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Any work performed off-shore? |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Any part-time or seasonal employees? |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Do employees travel out-of-state? |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Any employees under 16 or over 65 years of age? |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Are pre-employment physicals required? |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Any prior coverages declined, cancelled or not renewed in the last three (3) years? |

INSPECTION (Contact - Telephone)

Accounting Records (Contact - Telephone)

REMARKS:

APPLICANT'S SIGNATURE

PRODUCERS SIGNATURE

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

NAME: _____ EFFECTIVE DATE: _____

1. Detailed Description of Business Operations:

2. 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 _____

3. List jet or turbine aircraft: _____

4. List total number of pilots/crew: Fixed Wing – FT _____ PT _____ Rotor Wing- FT _____ PT _____
5. Any flight attendants?
6. Maximum number of officers and/or employees in one aircraft at one time.
7. Average number of officers and/or employees in one aircraft at one time.
8. Any international exposure? If so, where and how often? Duration of layovers?
9. Any exposure to U.S. Acts coverage?
 - U.S. Longshore & Harbor Workers Act?
 - The Defense Base Act?
 - Outer Continental Shelf Lands Act?
 - Federal Employer’s Liability Act?
10. Any operations outside the Western Hemisphere?
11. Any antique, experimental or ex-military aircraft?
12. Any aerobatic, exhibition or racing aircraft?
13. Any “scheduled operations”?
14. Any seaplane, fish spotting or maritime exposure?
15. Any rotor wing heavy lift, line stringing or logging operations?
16. Any contracts with U.S. Armed Forces?
17. Any operations from unprepared sites?
18. Any spray painting operations?
19. Any exterior cleaning of aircraft?
20. Any leased or independent contractor employees? _____ Estimated 1099 payroll? _____
21. Does Phoenix Aviation Managers write any other policies for this account? If so, please provide policy number?
22. Describer Safety & Loss Control Program:

a. Written statement of safety policy?	Yes	No	
b. Written safety program with responsibility assigned?	Yes	No	
c. Regular safety meetings with documentation?	Yes	No	
d. Compliance with SARA “right to know” statutes?	Yes	No	
e. Have you been inspected by OSHA?	Yes	No	

Signed and completed by: _____ Date: _____