

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

NAME:

EFFECTIVE DATE:

Detailed Description of Business Operations:

1. Use of Aircraft by number and type – Attach WC ACORD App and pilot history forms for all pilots:

Name of Hull and Liability Carrier:

Fixed Wing		Rotor Wing		
a. Charter, Sales, I & R #	Type	# Type		
b. Cargo or package Trans: #	Туре	#Type		
c. Power/Pipeline patrol: #	Type	#Type		
d. Ag/forestry applications: #	Type	#Type		
e. P & B, Industrial Aid: #	Туре	# Type		
f. Airlines, commuter #	Type	# Type		
2. Location Details:				
Location 1. Airport Ide				
Name of Entity				
Address				
Number of Employees		<i>Max. number on duty at one time</i>		
Location 2. Airport Ide	ntifier			
Name of Entity		FEIN		
Address		Zip Code		
Number of Employees	Max. number on duty at one time			
Location 3. Airport Ide	ntifier			
Name of Entity		FEIN		
Address				
Number of Employees	Max. number on duty at one time			

3. Aircraft N# Year #Crew Seats #Passenger Seats Annual # of Flights Annual Flight Hours

4.	List total number of pilots/crew: Fixed Wing – FT PT		Rotor Wing- FT PT		
5.	Any flight attendants? yes no				
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? yesnoThe Defense Base Act? yesnoOuter Continental Shelf Lands Act? yesnoFederal Employer's Liability Act? yesno				
10	. Any operations outside the Western Hemisphere? yes	no			
11	. Any antique, experimental or ex-military aircraft? yes	no			
12	2. Any aerobatic, exhibition or racing aircraft? yes no				
13	Any "scheduled operations"? yes no				
14	Any seaplane, fish spotting or maritime exposure? yes	no			
15	Any rotor wing heavy lift, line stringing or logging operation	ns? yes	no		
16	b. Any contracts with U.S. Armed Forces? yes no				
17	Any operations from unprepared sites? yes no				
18	Any exterior cleaning, stripping or spray painting operations	? yes	no		
19	D. Do employees perform test flights after maintenance or serv	ice of air	craft? yes no		
20	Any leased or independent contractor employees? yes no	Estima	ated 1099 payroll: \$		
21	. Does Plimsoll Specialty write any other policies for this acconumber?	ount? If s	so, please provide policy		
22	2. 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:_____

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