

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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