NATA Group Safety Plan Workers' Compensation Supplemental Application

Applicant Name: _____

NATA Member? ◯ Yes ◯ No If Yes, NATA Number: _____

Description of Operations:

Year Make & Model of Aircraft(s) operated:

Number of passenger seats: _____ *(Please attach fleet schedule, if more than (1) aircraft)*

Airport Location & Identifier: _____

Name of your Aviation Hull & Liability Insurance Company: _____

List total number of pilots/crew:	Fixed Wing:	FT _____	PT _____	Any Flight Attendants? ◯ Yes ◯ No	
	Rotor Wing:	FT _____	PT _____	If so, how many? _____	
Any leased or independent contractor employees? ◯ Yes ◯ No				Estimated 1099 Payroll: $ _____	
If so, how many? _____				Are Certificates of Insurance required? ◯ Yes ◯ No	

Have all pilots attended the aircraft manufacturer's approved initial or recurrent training school for all aircraft being operated within the previous 12 months? ◯ Yes ◯ No

Maximum number of covered officers and/or employees in one aircraft at one time? _____

Average number of covered officers and/or employees in one aircraft at one time? _____

Any international exposure? ◯ Yes ◯ No If so, where? _____

How often per year? _____ Average duration of layover? _____

Do you engage in any Part 91 Operations? ◯ Yes ◯ No

Do you engage in any Part 135 operations? ◯ Yes ◯ No

Any operations outside Part 91 or Part 135? Please describe:

Do you engage in any seaplane, float, ski or bush operations or have any maritime exposure? ◯ Yes ◯ No

Any antique, experimental, ex-military, aerobatic, exhibition or racing aircraft exposure? ◯ Yes ◯ No

Any exterior cleaning, stripping, or spray painting operations? ◯ Yes ◯ No

Do employees perform test flights after maintenance or service of aircraft? ◯ Yes ◯ No

Do employees use personal vehicles in the course of employment? ◯ Yes ◯ No

Do you have any other Workers' Compensation policies in force? ◯ Yes ◯ No

If so, who is the insurance carrier & what is the policy number? _____ Effective Date: _____

Exposure to U.S. Acts

USL&H Act?	◯ Yes	◯ No	Federal Employer's Liability Act?	◯ Yes	◯ No
Defense Base Act?	◯ Yes	◯ No	Jones Act?	◯ Yes	◯ No
Outer Continental Shelf Lands Act?	◯ Yes	◯ No	Migration & Seasonal Workers Act?	◯ Yes	◯ No

Aviation Safety & Loss Control Program

Written statement of safety policy? ◯ Yes ◯ No

Written safety program with responsibility assigned? ◯ Yes ◯ No

Regular safety meetings with documentation? ◯ Yes ◯ No

Signature: _____ Date: _____