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WORKERS COMPENSATION SUPPLEMENTAL WORKSHEET

	Question	Yes	No
1	Does the applicant have any Federal Workers Compensation exposure such as USL&H, Jones Act, Defense Base Act, FELA, or Migrant and Seasonal Worker Act?		
2	Does the applicant currently have or anticipate any payroll in AK, HI, ND, OH, WA, or WY?		
3	Does the applicant have payrolls in States other than those being submitted?		
4	Has the applicant failed to maintain workers' compensation insurance or has a workers' compensation policy been canceled in the past 12 months?		
5	Does the applicant own or operate other than fixed wing aircraft or rotorcraft such as, but not limited to: gliders, balloons, blimps, dirigibles, ultralights, gyroplanes, powered parachutes, or drones (UAVs)?		
6	Does the applicant sublet any work without Certificate of Insurance?		
7	Does the applicant use "Contract Pilots" rather than company employees?		
8	Does the applicant employ pilots who are not full time employees or who provide pilot services to other companies more than 20% of the time?		
9	Are all of the applicant's aircraft based within the continental United States?		
10	Are there any International Exposures? " If so, where/ How often? Duration of lay overs?		
11	Does the applicant own or operate more than three aircraft?		
12	Does any aircraft have more than 14 total seats?		
13	Has any pilot flown less than 100 hours in the preceding 12 months or have less than 300 total hours in the make and model aircraft being operated?		
14	Do any employees fly their personal aircraft on company business?		
15	Does the applicant operate any aircraft for hire or reward (such as transporting paying passengers, hauling cargo, crop dusting, surveying, surveillance, or advertising) or under any type of interchange agreement?		
16	Are any of the applicant's aircraft flown more than 500 hours per year?		
17	Would the applicant ever have more than 4 crew members covered under this policy onboard one aircraft at a given time?		
18	Have all pilots attended the Aircraft Manufacturers approved initial or recurrent flight training school for all aircraft being operated within the past 12 months?		
19	Does the applicant own or operate any rotorcraft?		
20	If rotor wing, any heavy lift or logging operations?		
21	Does the applicant own any antique, ex-military, experimental aircraft?		
22	Does the applicant own any aerobatic, exhibition, or racing aircraft?		
23	Does the applicant own any seaplane, float, ski, or bush operations?		
24	Are any operations done from unprepared sites?		
25	Is there any exterior cleaning, stripping, or spray painting operations done by the applicant?		
26	Do employees perform test flights after maintenance or service of aircraft?		
27	Has the applicant experienced an aircraft accident and/or fatality within the past 5 years?		
28	Has the applicant experienced a Workers Compensation loss, other than a fatality, over \$200,000 in the past 5 years?		
29	Does the applicant have a dedicated safety program?		



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Fixed Wing

Rotor Wing

List the total number of:

Pilots: FT _____ PT _____

FT _____ PT _____

Flight Attendants: FT _____ PT _____

FT _____ PT _____

What will be the average number of officers and or employees in one aircraft at one time? _____

What will be the maximum number of officers and or employees in one aircraft at one time? _____

How is your maintenance performed and by whom?

- () Major _____
- () In House _____
- () Training _____
- () Software Program _____

<u>Year Built</u>	<u>Make & Model</u>	<u>Engine Type</u>	<u>Owned</u>	<u>Annual Hours</u>	<u>Crew Seats</u>	<u>Pax Seats</u>
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			
		Turb / Piston	Y / N			

PLEASE ATTACH:

- 1: Pilot Questionnaires for all pilots.
- 2: Accord WC 130 Application its equivalent.

REMARKS:



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PILOT QUESTIONNAIRE

Name of Aircraft Owner:	
Name of Pilot:	Date of Birth:
Address:	
Pilot's Occupation:	
Employer:	Date Employed:

Check All Certificates and Ratings Currently Held

<input type="checkbox"/> Student	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Rotorwing	<input type="checkbox"/> Type Rating (Specify Aircraft)
<input type="checkbox"/> Private	<input type="checkbox"/> Single Engine Land	<input type="checkbox"/> Centerline Thrust	
<input type="checkbox"/> Instrument	<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Mechanic Airframe	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Engine Land	<input type="checkbox"/> Mechanic Powerplant	
<input type="checkbox"/> Instructor	<input type="checkbox"/> Multi-Engine Sea	<input type="checkbox"/> Other (Specify)	

Airman's Certificate No:	Date Certified:
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If Student: (Name of instructor or FBO)
(Instruction airport location)

Date of Last Medical:	Class of Medical:
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Medical Waivers Yes No If Yes please explain:

Date of Last Biennial Review :	Type of Aircraft Used:	Date of Last Simulator Instruction:
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Manufacturers Ground and Flight School Attended and Dates:

AOPA Membership #:	EAA Membership #:
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EDUCATION

High School: 1. () 2. () 3. () 4. ()	College: 1. () 2. () 3. () 4. ()	Graduate School 1. () 2. () 3. () 4. ()
Name Of School	Years Attended	Did You Graduate



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FLYING EXPERIENCE

Please show flying experience in logged hours, do not group different aircraft of the same type in the category for the make and model on which approval is being sought. If hours can not be substantiated by log books, please explain how hours have been verified/reconstructed.

Single Engine Aircraft						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot/Duel Instruction	Total Time	Total Last 12 Months	Total Last 90 Days
				Total Single Engine:		
Multi Engine Aircraft & Jet Aircraft						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
				Total Multi-Engine:		
Seaplanes and Helicopters						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
				Total Sea/Helo. :		
Grand Total						

AIRCRAFT ACCIDENTS

Have you ever been involved in an aircraft accident? () Yes () No

If Yes please explain:

Location	Date	Make and Model	Remarks

Please Explain Circumstances If:

1. If you have a physical impairment, waiver, limitation, or conditions on your Medical or Pilot Certificate.
2. If an FAA, Transport Canada, Military Pilot or other similar Certificate held by you has been suspended or revoked.
3. If you have ever been cited for a violation of any aviation regulation in any country.
4. If you have ever been convicted of or pleaded guilty to a felony or driving while intoxicated.

Explanations:

Name of Agent or Broker:

Address:

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the Insurer. I hereby authorize the insurer to investigate all or any qualifications and/or statements contained herein.

Date:

Applicant's Signature (s):

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.



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