

NATA Group Safety Plan Workers' Compensation Supplemental Application

Ary or to cation & Identifier: Name of your Aviation Hull & Liability Insurance Company: List total number of pilots/crew: Fixed Wing: Rotor Wing: FT	Applicant Name: NATA Member? Over C	No If Voc NATA	Number		
Year Make & Model of Aircraft(s) operated: Number of passenger seats:		INO IT YES, NATA	ічиппрег:		
Number of passenger seats:	bescription of operations.				
Number of passenger seats:	V 24 024 1 64: (1/)				
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Name of your Aviation Hull & Liability Insurance Company: Ust total number of pilots/crew: Fixed Wing: FT	Number of passenger seats:			(Please attach fleet schedule, if more than (1) aircraft)	
List total number of pilots/crew: Fixed Wing: FT	Airport Location & Identifier:				
Any leased or independent contractor employees? Yes No Estimated 1099 Payroll: \$ If so, how many?	Name of your Aviation Hull & Liabi	lity Insurance Compan	y:	T	
Any leased or independent contractor employees? Yes No Estimated 1099 Payroll: \$ 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? 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 exterior cleaning, stripping, or spray painting operations? Yes No Do employees use personal vehicles in the course of employment? 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 Do you have any other Workers' Compensation policies in force? Yes No Defense Base Act? Yes No Defense Base Act? Yes No Migration & Seasonal Workers Act? Yes No Outer Continental Shelf Lands Act? Yes No Written safety Base Act? Yes No Written safety program with responsibility assigned? Yes No Written safety program with responsibility assigned? Yes No Written safety program with documentation? Yes No	List total number of pilots/crew:	Fixed Wing: FT	PT	Any Flight Attendants? Yes No	
If so, how many? Are Certificates of Insurance required? Yes No		Rotor Wing: FT	PT	If so, how many?	
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