



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? <input type="radio"/> Yes <input type="radio"/> No If so, how many? _____
	Rotor Wing: FT _____	PT _____	
Any leased or independent contractor employees? <input type="radio"/> Yes <input type="radio"/> No If so, how many? _____			Estimated 1099 Payroll: \$ _____
			Are Certificates of Insurance required? Yes <input type="checkbox"/> No <input type="checkbox"/>

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? <input type="radio"/> Yes <input type="radio"/> No	If so, where? _____
How often per year? _____	Average duration of layover? _____

Do you engage in any Part 91 Operations? <input type="radio"/> Yes <input type="radio"/> No	Any operations outside Part 91 or Part 135? Please describe: <input style="width: 100%; height: 20px;" type="text"/>
Do you engage in any Part 135 operations? <input type="radio"/> Yes <input type="radio"/> No	

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? <input type="radio"/> Yes <input type="radio"/> No	Federal Employer's Liability Act? <input type="radio"/> Yes <input type="radio"/> No
Defense Base Act? <input type="radio"/> Yes <input type="radio"/> No	Jones Act? <input type="radio"/> Yes <input type="radio"/> No
Outer Continental Shelf Lands Act? <input type="radio"/> Yes <input type="radio"/> No	Migration & Seasonal Workers Act? <input type="radio"/> Yes <input type="radio"/> 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: _____