

Policy Holder Name \_\_\_\_\_

**Section A**

**Owned, Leased, or Operated Aircraft:**

	Year Built	Make & Model	Engine		GPS Guidance System Installed?		Annual Flight Hours	# of Seats	
			Turbine	Piston	Yes	No		Crew	Other
1									
2									
3									
4									
5									

For each aircraft above, describe its use:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Section B**

**Operations:**

1. Are you a FAR Part 137 commercial operator? Yes No
2. Do any pilots have less than 100 hour of aerial application "Ag" PIC time? Yes No
3. Any Firefighting operations? Yes No
4. Any Rotor craft / helicopter operations? Yes No
5. Any aircraft accidents in the past 5 years? Yes No
6. Do you travel for seasonal work more than 50% of the time? Yes No
7. Do you use only EPA registered products? Yes No
8. Are materials stored in a designated secure place and are forklifts used to move materials to staging areas? Yes No
9. Do employees lift or manually move materials or equipment over 50 pounds? Yes No
10. Do you have a medical facility (ER, Hospital) within 50 miles of where you principally operate? Yes No
11. Do you have any employees that are flaggers? Yes No
12. Do pesticide handlers attend annual training ? Yes No
13. Do pesticide handlers use Personal Protective Equipment "PPE" per EPA Worker Protection Standards? Yes No
14. Is a closed loop system used for loading liquids to aircraft? Yes No
15. Do you use augers for loading dry material into aircraft? Yes No
16. If you use uninsured contract pilot, what is their estimated 1099 payroll for next 12 months?

Completed by, Sign & Print: \_\_\_\_\_ Date: \_\_\_\_\_