

Policy Holder Name _____

Section A

Owned, Leased, or Operated Aircraft:

	Year Built	Make & Model	Engine		Owned?		Annual # of Flights	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. Any air ambulance, critical patient, or time sensitive organ donor missions? Yes No
2. Any Aerial Application, Agriculture, Seeding, Heavy Lift, Slung / External Load, Firefighting, or Forestry operations? Yes No
3. Any Owned, Operated, Leased or any employees passengers in Rotorcraft? Yes No
If "Yes" what is the Max # of officers and/or employees in one rotorcraft at one time?
4. For fixed wing aircraft Maximum ____ and Average ____ number of officers and/or employees in a airplane at one time.
5. International travel? Yes No Where? _____
How often? _____ Layover Duration? _____
Is travel to a country on the State Department Travel Warning list "Level 4" anticipated? Yes No
(<http://travel.state.gov/content/passports/en/alertswarnings.html>)
6. Any aerobatic, parachuting, skydiving, exhibition or racing activities? Yes No
7. Any operations from unprepared sites? Yes No
8. Do mechanical employees perform test flights after maintenance or service of aircraft? Yes No
9. Do you utilize any Independent Contractor pilots or flight attendants? Yes No
If "Yes" what is estimated 1099 payroll for next 12 months? _____

Completed by, Sign & Print: _____ Date: _____