

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: \_\_\_\_\_