



TITAN
AEROSPACE
INSURANCE

Aviation Workers Compensation Application

General Information	
Applicant Name:	Effective Date: _____ to _____
Email Address:	Website Address
Do you have a separate Workers' Compensation policy in force for any non-aviation related employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of operation:	
Entity Type: Corporation LLC Joint Venture Partnership Other	
Do you operate internationally? <i>If yes, probable destinations and estimated # of trips annually.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you operate outside W. Hemisphere? <i>If yes, where and how many trips are estimated within the next 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your average layover duration?	Are any employees based outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee and Location Information <i>(if additional locations, please add to separate piece of paper)</i>			
Employer's Identification Number:		Rating Bureau Identification Number:	
Locations			
Street	City	State	Zip
1.			
2.			
3.			

Individuals – Included or Excluded							
<i>Partners, Officers, Relatives to be included or excluded. Remuneration to be included must be part of Rating Information section.</i>							
Loc #	Name	Age	Title and/or Relationship	Ownership Percentage	Included Excluded	Class Code	Payroll
				0%			
				0%			
				0%			

Rating Information <i>(if additional lines, please add to separate piece of paper)</i>						
State	Location	Class Code	Categories, Duties or Classifications	Number of Employees		Estimated Annual Payroll
				Full Time	Part Time	
Exposure to U.S. Acts						
USL&H Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Federal Employer's Liability Act?	
Defense Base Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Jones Act?	
Outer Continental Shelf Lands Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migration and Seasonal Workers Act?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Airport and Aircraft Information <i>(if applicable)</i>						
Year, Make and Model of Aircraft(s) operated <i>(please attach fleet schedule, if more than one (1) aircraft):</i>						
Number of passenger seats:			Airport Location and Identifier:			
Name of your Aviation Hull and Liability Insurance Company:						
List total number of pilots/crew	Fixed Wing:	FT	PT	Any Flight Attendants: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Rotor Wing:	FT	PT	If yes, how many?		
Any leased or independent contractor employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				Estimated 1099 Payroll:		
If yes, how many?				Are Certificates of Insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?						
Do you engage in any Part 91 Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you engage in any Part 135 operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes" to either of the previous two questions, please describe:						

Do you engage in any seaplane, float, ski, or bush operations or have any maritime exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any antique, experimental, ex-military, aerobatic, exhibition or racing aircraft exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any exterior cleaning, stripping, or spray-painting operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees perform test flights after maintenance or service or aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are Helicopter operations:		
Do all pilots have an instrument rating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are flight operations conducted at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your helicopters equipped with taws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your helicopters equipped with weather GPS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your helicopters equipped with satellite tracking devices - flight following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are risk assessments conducted prior to each flight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all maintenance personnel attend initial and recurrent factory training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inspection Contact	Audit Contact	Claims Contact
Name:	Name:	Name:
Telephone Number:	Telephone Number:	Telephone Number:
Email Address:	Email Address:	Email Address:

Loss Experience		
<i>Please provide Loss Runs for the past five (5) years. For any catastrophic claims, please note below and attach a separate description of claim with this application.</i>		
Have you had any Worker's Compensation claims over the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Year	Brief Description of Loss	Amount of Paid Claims

Aviation Safety and Loss Control Program		
Written statement of safety policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written safety program with responsibility assigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular safety meetings with documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

