



WORKERS COMPENSATION INSURANCE APPLICATION

Mail to: (Branch/Underwriter)

Date

PRODUCER Producers Code Employer's I.D. Number	APPLICANT INFORMATION Name Mailing Address (Include Zip Code) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Years in Business ____ <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Quote-Date <input type="checkbox"/> Binder-Date <input type="checkbox"/> Issue-Date
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LOCATIONS	Street	City	State	Zip Code
1.				
2.				
3.				
4.				
5.				

POLICY INFORMATION				
Effective Date	Expiration Date	Normal Anniversary Rating Date	Payment Plan <input type="checkbox"/> Annual	Audit Period <input type="checkbox"/> Annual
If divided risk, Name of Carrier providing Non-Aviation Workers Compensation			<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Policy Number		Expiration Date		

RATING INFORMATION						
STATE	CLASS CODE	CATEGORIES, DUTIES OR CLASSIFICATIONS	NO. OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
Specify Additional Coverages and Endorsements <input type="checkbox"/> U.S.L. & H. <input type="checkbox"/> Voluntary Compensation Endorsement <input type="checkbox"/> Coverage "B" - Employer's Liability Increased Liability to \$ <input type="checkbox"/> Other (Explain) _____					Total Experience Modification Modified Premium Premium Discount Total Estimated Annual Premium	

MINIMUM PREMIUM	DEPOSIT PREMIUM	<i>PLEASE COMPLETE REVERSE SIDE</i>
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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

INDIVIDUALS - INCLUDED OR EXCLUDED

Partners, Officers, Relatives to be included or Excluded, Remuneration to be included must be part of RATING INFORMATION section

No.	Name	Age	Title and/or Relationship	Ownership Percentage	Duties	Included Excluded	Class Code	Remuneration

PRIOR EXPERIENCE

Provide information for past five (5) years and use "Remarks" section below for loss details

Year	Insurer and Policy Number	Annual Premium	Modification	No. of Claims	Amount of Paid Claims	Reserved Claims

NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS

Give comments and descriptions of nature of business, operations and services

AIRCRAFT FLEET

(If more convenient, attach schedule from aircraft policy or reporting form)

FAA "N" Number	Year, Make and Model of Aircraft	Crew Seats	Passenger Seats	Uses

GENERAL INFORMATION

EXPLAIN "Yes" in "Remarks" section, or by separate attachment

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Does Applicant own, operate or lease aircraft? |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Does Applicant operate aircraft outside of the continental United States of America? |
| 3 | _____ | _____ | Maximum number of officers and/or employees in one aircraft at one time. |
| 4 | _____ | _____ | Average number of officers and/or employees in one aircraft at one time. |
| 5 | _____ | _____ | Total number of hours flown by officers and/or employees during year. |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Are independent contractors used? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Any work sublet without certificate of insurance? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Is a formal safety program in operation? |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Any exposure to chemicals or explosives? |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Any work performed off-shore? |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Any part-time or seasonal employees? |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Do employees travel out-of-state? |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Any employees under 16 or over 65 years of age? |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Are pre-employment physicals required? |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Any other insurance with United States Aviation Underwriters, Incorporated/USAIG? |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Any prior coverages declined, cancelled or not renewed in the last three (3) years? |

INSPECTION (Contact - Telephone)

Accounting Records (Contact - Telephone)

REMARKS:

APPLICANT'S SIGNATURE

PRODUCERS SIGNATURE