



# NATA Group Safety Plan Workers' Compensation Supplemental Application

Applicant Name: \_\_\_\_\_

NATA Member?  Yes  No If Yes, NATA Number: \_\_\_\_\_

Description of Operations:  
 \_\_\_\_\_

Year Make & Model of Aircraft(s) operated:  
 \_\_\_\_\_

Number of passenger seats: \_\_\_\_\_ *(Please attach fleet schedule, if more than (1) aircraft)*

Airport Location & Identifier: \_\_\_\_\_

Name of your Aviation Hull & Liability Insurance Company: \_\_\_\_\_

List total number of pilots/crew:	Fixed Wing: FT _____	PT _____	Any Flight Attendants? <input type="radio"/> Yes <input type="radio"/> No If so, how many? _____
	Rotor Wing: FT _____	PT _____	
Any leased or independent contractor employees? <input type="radio"/> Yes <input type="radio"/> No If so, how many? _____			Estimated 1099 Payroll: \$ _____
			Are Certificates of Insurance required? Yes <input type="radio"/> No <input type="radio"/>

Have all pilots attended the aircraft manufacturer's approved initial or recurrent training school for all aircraft being operated within the previous 12 months?  Yes  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? \_\_\_\_\_

Any international exposure?  Yes  No If so, where? \_\_\_\_\_  
 How often per year? \_\_\_\_\_ Average duration of layover? \_\_\_\_\_

Do you engage in any Part 91 Operations?  Yes  No Any operations outside Part 91 or Part 135? Please describe:  
 Do you engage in any Part 135 operations?  Yes  No \_\_\_\_\_

- Do you engage in any seaplane, float, ski or bush operations or have any maritime exposure? Yes  No
  - Any antique, experimental, ex-military, aerobatic, exhibition or racing aircraft exposure? Yes  No
  - Any exterior cleaning, stripping, or spray painting operations? Yes  No
  - Do employees perform test flights after maintenance or service of aircraft? Yes  No
  - Do employees use personal vehicles in the course of employment? Yes  No
  - Do you have any other Workers' Compensation policies in force? Yes  No
- If so, who is the insurance carrier & what is the policy number? \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Exposure to U.S. Acts**

USL&H Act? <input type="radio"/> Yes <input type="radio"/> No	Federal Employer's Liability Act? <input type="radio"/> Yes <input type="radio"/> No
Defense Base Act? <input type="radio"/> Yes <input type="radio"/> No	Jones Act? <input type="radio"/> Yes <input type="radio"/> No
Outer Continental Shelf Lands Act? <input type="radio"/> Yes <input type="radio"/> No	Migration & Seasonal Workers Act? <input type="radio"/> Yes <input type="radio"/> No

**Aviation Safety & Loss Control Program**

Written statement of safety policy?  Yes  No

Written safety program with responsibility assigned?  Yes  No

Regular safety meetings with documentation?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_