



Allianz Global Corporate & Specialty

Supplemental Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. Please attach a separate sheet for sections with limited space. This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Applicant: Website: Contact Name: Email: Phone: () -

Do you have a membership in either of the following associations?

- Independent Fixed Base Operators Association (IFBOA) National Air Transportation Association (NATA)

Description of operation:

Empty box for description of operation

Do you have a separate Workers' Compensation policy in force for any non-aviation related employees? Yes No

2. AIRCRAFT INFORMATION:

Please list all owned, managed, and/or leased aircraft. (For additional aircraft, please attach aircraft schedule.)

Table with columns: Year, Make & Model, Seats Crew / Passengers, Airport Aircraft Based

What is the name of the Hull & Liability Carrier? Effective Date

Do you operate internationally? Yes No

If YES, probable destinations and estimated # of trips annually:

What is your average layover duration? Are any employees based outside the U.S.?

Do you have any exposure that requires USL&H, Defense Base, Outer Continental Shelf Lands Act, FELA, Maritime or Jones Act coverage?

What are the average and the maximum numbers of covered employees on board any aircraft at any given time?

Do you have any non-owned aircraft exposure, if so, what and how often?

3. PILOT INFORMATION:

Total number of Employed pilots: Fixed Wing: Fulltime Part-time; Rotor Wing: Fulltime Part-time

Do you utilize or expect to use any Independent Contract Pilots or Flight Attendants within the next 12 months? Yes No

If YES, what is the estimated 1099 payroll expected for the next 12 months?

Total number of Independent Contractors: Fulltime Part-time;

Do all pilots attend a manufacturer approved training program annually (e.g. FlightSafety) for each make & model of aircraft operated?

Yes No

If NO, please provide a detailed description of your approved training program or Open Pilot Warranty?

Empty box for detailed description of training program

4. SAFETY AND LOSS CONTROL:

Do you participate in NATA Safety 1st Program? Yes No

Are you practicing an approved SMS, IS-BAH or equivalent program? Yes No

Are you Wyvern/ARGUS Certified? Yes No

Authorized Signature:

Date: