



TITAN
SPECIALTY
MARKETS

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? Yes 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> Yes No			
Do you operate outside W. Hemisphere? <i>If yes, where and how many trips are estimated within the next 12 months?</i> Yes No			
What is your average layover duration?	Are any employees based outside of the U.S.? Yes 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

Rating Information (if additional lines, please add to separate piece of paper)							
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?			Yes	No	Federal Employer's Liability Act?		Yes No
Defense Base Act?			Yes	No	Jones Act?		Yes No
Outer Continental Shelf Lands Act?			Yes	No	Migration and Seasonal Workers Act?		Yes No

Airport and Aircraft Information (if applicable)						
Year, Make and Model of Aircraft(s) operated (please attach fleet schedule, if more than one (1) aircraft):						
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: Yes No If yes, how many?		
	Rotor Wing:	FT	PT			
Any leased or independent contractor employees?			Yes	No	Estimated 1099 Payroll:	
If yes, how many?			Are Certificates of Insurance required? Yes 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? 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?						
Do you engage in any Part 91 Operations?			Yes	No	Do you engage in any Part 135 operations? Yes 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?	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 on aircraft?	Yes	No
If there are Helicopter operations:		
Do all pilots have an instrument rating?	Yes	No
Are flight operations conducted at night?	Yes	No
Are your helicopters equipped with taws?	Yes	No
Are your helicopters equipped with weather GPS?	Yes	No
Are your helicopters equipped with satellite tracking devices - flight following?	Yes	No
Are risk assessments conducted prior to each flight?	Yes	No
Do all maintenance personnel attend initial and recurrent factory training?	Yes	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?		Yes	No
Year	Brief Description of Loss	Amount of Paid Claims	

Aviation Safety and 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

Yes/No Questionnaire							
Explain all "Yes" responses		Yes	No	Explain all "Yes" responses		Yes	No
1. Does applicant own, operate, or lease aircraft/watercraft?				2. Any employees with physical handicaps?			
3. Did/Do past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material (e.g. landfills, wastes, fuel tanks, etc.)?				4. Do employees travel out of state?			
5. Any work performed underground or above 15 feet?				6. Are athletic teams sponsored?			
7. Any work performed on barges, vessels, docks, bridge over water?				8. Are physicals required after offers of employment are made?			
9. Is applicant engaged in any other type of business?				10. Are subcontractors used? <i>If yes, give % of work subcontracted</i>			
11. Any work sublet without certificates of ins.?				12. Is a written safety program in operation?			
13. Any group transportation provided?				14. Any employees under 16 or over 60 years of age?			
15. Any seasonal employees?				16. Is there any volunteer or donated labor?			
17. Any other insurance with this insurer?				18. Any prior coverage declined/cancelled/non-renewed (last 3 years)?			
19. Are employee health plans provided?				20. Is there a labor interchange with any other business/subsidiary?			
21. Do you lease employees to or from other employers?				22. Do any employees predominantly work at home?			
23. Any tax liens or bankruptcy within the last 5 years?				24. Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises? If yes, explain including entity name(s) and policy number(s).			
Applicable in Tennessee: it is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.							
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied).							
Additional remarks:							
_____				_____			
Applicant's Signature		Date		Producer's Signature		National Producer Number	