

NAME: _____ EFFECTIVE DATE: _____

Detailed Description of Business Operations:

_____1. Use of Aircraft by number and type – **attach schedule:****Name of Hull and Liability Carrier:** _____

	Fixed Wing	Rotor Wing
a. Charter, Sales, I & R	# _____ Type _____	# _____ Type _____
b. Cargo or package Trans:	# _____ Type _____	# _____ Type _____
c. Power/Pipeline patrol:	# _____ Type _____	# _____ Type _____
d. Ag/forestry applications:	# _____ Type _____	# _____ Type _____
e. P & B, Industrial Aide:	Year _____ Make _____	Model _____ #pax seats _____
f. Airlines, commuter	# _____ Type _____	# seats _____ # crew _____

2. Location Details:

Location 1. **Airport Identifier** _____
Name of Entity _____ FEIN _____
Address _____ Zip Code _____

Number of Employees _____ *Max. number on duty at one time* _____

Location 2. **Airport Identifier** _____
Name of Entity _____ FEIN _____
Address _____ Zip Code _____

Number of Employees _____ *Max. number on duty at one time* _____

Location 3. **Airport Identifier** _____
Name of Entity _____ FEIN _____
Address _____ Zip Code _____

Number of Employees _____ *Max. number on duty at one time* _____

3. List jet or turbine aircraft: _____
4. List total number of pilots/crew: Fixed Wing – FT _____ PT _____ Rotor Wing- FT _____ PT _____
5. Any flight attendants? Yes no
6. Maximum number of officers and/or employees in one aircraft at one time. _____
7. Average number of officers and/or employees in one aircraft at one time. _____
8. Any international exposure? If so, where and how often? Duration of layovers? _____
9. Any exposure to U.S. Acts coverage?
- | | | | |
|--------------------------------------|-----|----|--|
| U.S. Longshore & Harbor Workers Act? | yes | no | |
| The Defense Base Act? | yes | no | |
| Outer Continental Shelf Lands Act? | yes | no | |
| Federal Employer’s Liability Act? | yes | no | |
10. Any operations outside the Western Hemisphere? yes no
11. Any antique, experimental or ex-military aircraft? yes no
12. Any aerobatic, exhibition or racing aircraft? yes no
13. Any “scheduled operations”? yes no
14. Any seaplane, fish spotting or maritime exposure? yes no
15. Any rotor wing heavy lift, line stringing or logging operations? yes no
16. Any contracts with U.S. Armed Forces? yes no
17. Any operations from unprepared sites? yes no
18. Any exterior cleaning, stripping or spray painting operations? yes no
19. Do employees perform test flights after maintenance or service of aircraft? yes no
20. Any leased or independent contractor employees? yes no Estimated 1099 payroll: \$ _____
21. Does Plimsoll Specialty write any other policies for this account? If so, please provide policy number? _____

22. Describer Safety & Loss Control Program:

- | | | |
|---|-----|----|
| a. Written statement of safety policy? | Yes | No |
| b. Written safety program with responsibility assigned? | Yes | No |
| c. Regular safety meetings with documentation? | Yes | No |
| d. Compliance with SARA “right to know” statutes? | Yes | No |
| e. Have you been inspected by OSHA? | Yes | No |

Signed and completed by: _____ Date: _____

