



Midwest Employers Casualty Company

AIRCRAFT SUPPLEMENTAL APPLICATION

I. Name of Applicant: _____

II. Aircraft Information:

A. Chartered aircraft:

1. Number of flights per year _____
2. Average number of employees per trip _____

B. Detail by Aircraft:

YEAR BUILT	MAKE AND MODEL	NUMBER OF ENGINES	FIXED WING OR ROTARY?	ANNUAL FLIGHT HOURS	AVERAGE MILES FLOWN PER FLIGHT	IS AIRCRAFT LEASED*, CHARTERED, OWNED OR PRIVATE?	TOTAL NUMBER OF SEATS		ARE CREW MEMBERS EMPLOYEES?		AVERAGE NO. EMPLOYEES PER FLIGHT**	FAA #	CITY AND STATE WHERE THE AIRCRAFT IS NORMALLY HANGARED
							CREW	PASSENGER	YES	NO			
									YES	NO			
									YES	NO			
									YES	NO			
									YES	NO			

* Leased aircraft: One that is not owned by the applicant and made available for the use of the applicant under the terms of a rental or lease agreement for a period of not less than 30 consecutive days.

** Include the total number of crew and passenger seats normally occupied by employees, including pilots if they are employed by the insured.

C. Is there fractional ownership on any of the planes listed above? If so, please list the planes and the percentage of ownership.

D. Describe in detail the general use of each of the above airplanes. Include information about the frequency of trips and the origin and destination of trips.

E. Provide the maintenance schedule of each of the above airplanes, specifically when was the last scheduled maintenance, what were the findings and how often is maintenance performed.



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F. If a helicopter is listed above, please complete the following questions:

- 1. Is the craft owned and operated by the applicant or by an independent contractor? _____
- 2. If by contractor, is applicant held harmless by contract terms? Yes No
- 3. Number of flights per month: _____
- 4. Number of employees on board: maximum _____ average _____
- 5. Number of pilots used in operation: _____
- 6. Maximum continuous number of hours per week that a pilot is on call: _____
- 7. Are there any restrictions about flying in bad weather or at night? Yes No If yes, explain in detail. _____

G. Average occupancy per trip: _____

H. Geographical limits of flight exposure: _____

III. Pilot Information:

A.

FULL NAME	AGE	LICENSES HELD	CAREER HOURS	HOURS IN COVERED AIRCRAFT	CURRENT EMPLOYEE OF THE APPLICANT?

B. Provide a chronological listing of the pilot's flight experience including training and past employment.

C. Are all pilots employed only for the purpose of being a company pilot? Yes No If no, explain in detail. _____

D. Has any pilot been cited for any violation or been involved in any aircraft accident? Yes No If yes, explain in detail (include loss experience): _____



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Date

Applicant's Signature

Title

Print Applicant's Name

Print Applicant's Title