

# WORKERS' COMPENSATION INDUSTRIAL AID AIRCRAFT SUPPLEMENTAL APPLICATION

Date Submitted  
(MM/DD/YYYY)

APPLICANT NAME AND MAILING ADDRESS	PHONE _____	CARRIER <input type="checkbox"/> American Interstate Insurance Company <input type="checkbox"/> Silver Oak Casualty, Inc.
	CELL PHONE _____	
		Current Aviation Carrier _____
		Policy Limit: _____ Policy #: _____

**Have you or your pilot(s) ever had Aviation Insurance Cancelled or Declined?**  YES  NO **If yes, explain:**

## AIRCRAFT APPLICATION

Year	Make and Model	Serial Number	Aircraft is:	<input type="checkbox"/> Single Engine	<input type="checkbox"/> Multi-Engine
				<input type="checkbox"/> Jet/Turboprop	<input type="checkbox"/> Helicopter
Seating Capacity: Passengers: _____ Crew: _____		Average number of employees transported: _____	Is aircraft owned? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is aircraft leased? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Additional owned/long term leased aircraft:

How often is plane flown? No. of times per month _____ Hours per month _____	Aircraft based at (Airport, City, State)
FAA "N" No. _____	Maximum Range in Miles: _____

List Airports (include City and State) where aircraft will be flown, including intermediate stops:

Is Aircraft used outside Continental U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:
Will Aircraft be used anyplace other than paved runway airports? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:
Will Aircraft be used for other than transporting employees? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:

Log of all flights taken during previous 12 months attached.

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicant's Signature _____	Date _____	Agent's Signature _____	Date _____
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