



Aircraft Supplement Questionnaire

Name of Applicant (As shown on Self-Insurance Permit): \_\_\_\_\_

- 1. **Chartered Aircraft:** Number of flights per year: \_\_\_\_\_  
Average number of employees on trips: \_\_\_\_\_

- 2. **Owned or leased\* aircraft:**  
\*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.

Year Built	Make and Model	Number of Engines	Annual Number of Flights	Annual Flight Hours	Total Number of Seats		Where Usually Hangared
					Crew	Other	

- 3. If a **helicopter** is listed above, please complete the following questions:
  - a. Is the aircraft owned and operated by the applicant or by an independent contractor? \_\_\_\_\_
  - b. If by a contractor, is applicant held harmless by contract terms? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c. Number of flights per month \_\_\_\_\_
  - d. Number of employees on board: Average: \_\_\_\_\_ maximum \_\_\_\_\_
  - e. Number of pilots used in operation: \_\_\_\_\_ and average \_\_\_\_\_
  - f. Maximum continuous number of hours per week that a pilot is on call: \_\_\_\_\_
  - g. Are there any restrictions about flying in bad weather or at night? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain in detail. \_\_\_\_\_

4. Describe in detail the general use of each airplane.

\_\_\_\_\_

\_\_\_\_\_

- 5. Average occupancy per trip \_\_\_\_\_
- 6. Geographical limits of flights exposure \_\_\_\_\_
- 7. Pilot Information

Name & Age	Licenses Held	Career Hours	Hours in Covered Aircraft

- 8. Are all pilots employed only for the purpose of being a company pilot? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, explain in detail \_\_\_\_\_
- 9. Has the pilot been cited for any violation or been involved in any aircraft accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_