



SAFETY NATIONAL AIRCRAFT SUPPLEMENTAL APPLICATION

Must be accompanied by a Safety National Pilot Supplemental Application or equivalent

APPLICANT INFORMATION

Name	<input type="text"/>	Representative	<input type="text"/>
Address	<input type="text"/>	Application Type	<input type="text"/>
City	<input type="text"/>	Renewal Policy #	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
		Effective Date	<input type="text"/>

1. Complete the following information for each aircraft.

YEAR	MAKE	MODEL	FEDERAL REGISTRATION #	AMPHIBIOUS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
TYPE	OWNERSHIP	OWNED % FOR FRACTIONAL OWNERSHIP	MONTHLY AVG FLIGHT HOURS	# OF TRIPS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
HANGARED CITY	STATE	TOTAL SEATS CREW	PASSENGER	AVG EMPLOYEES PER TRIP CREW	PASSENGER	IF AIRCRAFT IS CHARTERED OR LEASED: NAME OF CHARTERER/LESSOR	LIMITS OF LIABILITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of general use and usual destinations(s)

Is a waiver of subrogation required by any charterer?

If employees fly on aircraft that are not owned, leased or regularly chartered, please describe:

*If aircraft is regularly chartered or leased, attach a copy of the contract.

Add Aircraft

2. Select all activities that the applicant performs with the aircraft listed above.

None of the Below

- | | | |
|---|---|---|
| <input type="checkbox"/> Aerial Advertising | <input type="checkbox"/> Aerial Photography, Surveying, Mapping or News Reporting | <input type="checkbox"/> Oil or Mineral Exploration |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Patrolling Pipelines, Power Lines or Canals | <input type="checkbox"/> Air Racing |
| <input type="checkbox"/> Flight Instruction | <input type="checkbox"/> Carrying People or Cargo for Hire | <input type="checkbox"/> Air Ambulance |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Crop Seeding, Dusting or Spraying | <input type="checkbox"/> Weather Control |
| <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Logging/Timber Hauling | <input type="checkbox"/> Stunt Flying |
| <input type="checkbox"/> Mosquito Abatement | <input type="checkbox"/> Low Altitude Operations | <input type="checkbox"/> Organ Procurement |

SAFETY NATIONAL CASUALTY CORPORATION

1832 SCHUETZ ROAD ST. LOUIS, MO 63146 (888)995-5300 FAX (314) 995-3843 WWW.SAFETYNATIONAL.COM



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3. Indicate if the applicant owns, leases or regularly charts any:

- Gliders
- Experimental Aircraft
- Lighter-than-air aircraft (hot air balloons, airships, etc.)
- Transportation to/from Offshore Oil or Gas Facilities
- Powered Parachutes
- Kit-built (home-built)

4. Any trips outside U.S. in past two years?

If yes, provide details and give destination(s) below:

5. Does applicant limit the number of employees on board an aircraft at any one time?

If yes, what is the maximum number of employees allowed?

6. Does applicant have weather restrictions?

If yes, please describe:

7. Does applicant have night restrictions?

If yes, please describe:

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative
Signature:

Date:

(Please type name, title and company of submitting broker on signature line above)

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