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## PHOENIX AVIATION MANAGERS INC. WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

2. Use of Aircraft by number and type – attach schedule if available/							
·	Fixed Wing		Rotor Wing				
a. Charter, Sales, I & R #	Туре		#		•		
b. Cargo or package Trans:	#Type	<del></del>		#	Туре		
c. Power/Pipeline patrol:	#Type			#	Туре		
d. Ag/forestry applications:	#Type			#	Туре		
e. P & B, Industrial Aide:	Year Mak	e Mode	<u> </u>		#pax seats		
f. Airlines, commuter	#Type	# seats	S		# crew		
3. Location Details:	itifier						
Location 1. Airport Iden Name of Entity		FEIN_					
Location 1. Airport Iden Name of Entity Address		FEIN_ Zip Co	ode				
Name of EntityAddressNumber of Employees		FEIN Zip Co Max.	ode		y at one time_		
Location 1. Airport Iden Name of Entity Address Number of Employees Location 2. Airport Iden	ıtifier	FEIN_ Zip Co Max.	ode numbe	r on duty	at one time_		
Name of EntityAddressNumber of Employees	ıtifier	FEIN_ Zip Co Max. 1	ode	r on duty			
Location 1. Airport Iden Name of Entity Address Number of Employees Location 2. Airport Iden Name of Entity	itifier	FEIN_ Zip Co Max. 1 FEIN_ Zip Co	ode numbe	r on duty	at one time_		

P.O. Box 440757 – Kennesaw, Georgia 30160 770-590-4950 Phone - 770-590-0599 Fax sgoins@phoenixaviationmgrs.com

Locatio	n 4. Airport Identifier	-								
Name o	f Entity		FEIN							
Address	3		Zip Code							
Number	of Employees		Max. numbe	r on duty at on	e time_					
4. List jet	or turbine aircraft:		···········							
5. List tota	al number of pilots/crew: Fixed Wing - FT	PT	Roto	or Wing- FT	PT					
6. Any fli	ght attendants?									
7. Maxim	um number of officers and/or employees in or	e aircr	aft at one time	<b>)</b> .						
8. Average	e number of officers and/or employees in one	aircraft	t at one time.							
9. Any int	ernational exposure? If so, where and how of	ten? Du	uration of layo	overs?						
10. Any ex	posure to U.S. Acts coverage?									
U.S. Lo	ngshore & Harbor Workers Act?									
The De	fense Base Act?									
Outer C	Continental Shelf Lands Act?									
Federal	Employer's Liability Act?									
11. Any op	erations outside the Western Hemisphere?									
12. Any an	rique, experimental or ex-military aircraft?									
13. Any air	craft painting?									
14. Any aea	robatic, exhibition or racing aircraft?									
15. Any "so	cheduled operations"?									
16. Any sea	. Any seaplane, fish spotting or maritime exposure?									
17. Any rot	. Any rotor wing heavy lift, line stringing or logging operations?									
18. Any co	8. Any contracts with U.S. Armed Forces?									
19. Any op	erations from unprepared sites?									
20. Any lea	sed or independent contractor employees?		Estimat	ed 1099 payro	11?					
21. Describ	er Safety & Loss Control Program:									
a.	Written statement of safety policy?		Yes	No						
b.	Written safety program with responsibility as	signed'	? Yes	No						
c.	Regular safety meetings with documentation	?	Yes	No						
d.	Compliance with SARA "right to know" state	utes?	Yes	No						
e.	Have you been inspected by OSHA?		Yes	No						
d and complet	ed by:	Date: _								