



Phone: (800) 432-8519 / (407) 886-3322
Fax: (407) 889-0101

Insure@AlexanderAviation.Com
http://www.AlexanderAviation.com

7 W. Main St., Suite 100
Apopka, FL 32703

Aviation Workers' Compensation Insurance Application

Name of Applicant: _____

Contact Name: _____ Contact Phone: _____

Mailing Address: _____

FEIN: _____ Proposed Effective Date: _____

Employer's Liability Limits: _____ ea accident, _____ disease, _____ disease ea. employee

Aircraft Information

List all of the aircraft regularly stored in this hangar.

Job Description (Class Code)	# of Employees	Est. Annual Payroll
1. Clerical (8810)		
2. Mechanics / Linemen (7403)		
3. Pilots, Fixed-Wing (7422)		
4. Pilots, Helicopter (7425)		
5.		

Please attach an employee list that shows all current employees, estimated annual payroll and class code indicated above.

Questionnaire

- 1. Have you ever had workers' compensation coverage? (If yes, indicate carrier) No Yes
- 2. Would you like to exclude corporate officers from coverage? No Yes
(If yes, indicate officer's names, titles and duties.)
- 3. Do you use part-time or seasonal employees? No Yes
(If yes, indicate what percentage of your payroll is to part-time employees.)
- 4. Do you use subcontractors or independent contractors without proof that they carry workers' compensation insurance? No Yes
- 5. Do you lease employees from other employers? No Yes
- 6. Have you had a workers' compensation loss or any loss that would have been covered by workers' compensation insurance in the last 5 years? No Yes

Please explain all "Yes" answers below. Attach additional pages as required.

FRAUD WARNING: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claims or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

UNDERSIGNED AFFIRMS: This information is correct to the best of my/our knowledge and belief and no information is being withheld or suppressed. I authorize the insurance company to make investigations as it may deem appropriate. I appoint Alexander Aviation Associates as my/our Agent of Record for this insurance.

SIGNED:

Applicant: _____ Title: _____ Date: _____