



AIRCRAFT SUPPLEMENTAL APPLICATION

Must be accompanied by a Pilot Supplemental Application or equivalent

Name _____ Representative _____
 Address _____ Application Type _____
 City _____ Renewal Policy # _____
 State _____ Zip Code _____ Effective Date _____

1. Complete the following information for each aircraft.

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

Description of general use and usual destinations _____

Is a waiver of subrogation required by any charterer? yes no

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.

2. Select all activities that the applicant performs with the aircraft listed above.
- Aerial Advertising
 - Aerial Photography, Surveying, Mapping or News Reporting
 - Law Enforcement
 - Patrolling Pipelines, Power Lines or Canals
 - Flight Instruction
 - Carrying People or Cargo for Hire
 - Traffic Control
 - Crop Seeding, Dusting or Spraying
 - Fire Fighting
 - Logging/Timber Hauling
 - Mosquito Abatement
 - Low Altitude Operations
 - None of the Below
 - Oil or Mineral Exploration
 - Air Racing
 - Air Ambulance
 - Weather Control
 - Stunt Flying
 - Organ Procurement

SAFETY NATIONAL CASUALTY CORPORATION



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

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

4. Any trips outside the U.S. in the past two years? yes no

5. Does applicant limit the number of employees on board an aircraft at any one time? yes no

6. Does applicant have weather restrictions? yes no

7. Does applicant have night restrictions? yes no

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.

Name of Applicant and subsidiaries: _____

Applicant's Representative's Signature: _____

Date: _____ (Please type name, title, and company of submitting broker)