



Midwest Employers Casualty Company

AIRCRAFT SUPPLEMENTAL APPLICATION

I. Name of Applicant: _____

II. Aircraft Information:

A. Chartered aircraft:

- 1. Number of flights per year _____
- 2. Average number of employees per trip _____

B. Detail by Aircraft:

YEAR BUILT	MAKE AND MODEL	NUMBER OF ENGINES	FIXED WING OR ROTARY?	ANNUAL FLIGHT HOURS	AVERAGE MILES FLOWN PER FLIGHT	IS AIRCRAFT LEASED*, CHARTERED, OWNED OR PRIVATE?	TOTAL NUMBER OF SEATS		ARE CREW MEMBERS EMPLOYEES?	AVERAGE NO. EMPLOYEES PER FLIGHT**	FAA #	CITY AND STATE WHERE THE AIRCRAFT IS NORMALLY HANGARED
							CREW	PASSENGER				

* 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.

** Include the total number of crew and passenger seats normally occupied by employees, including pilots if they are employed by the insured.

C. Is there fractional ownership on any of the planes listed above? If so, please list the planes and the percentage of ownership.

D. Describe in detail the general use of each of the above airplanes. Include information about the frequency of trips and the origin and destination of trips.

