



EMPLOYER'S SUPPLEMENTAL AIRCRAFT QUESTIONNAIRE

1 Instructions

A REPORT ON THIS FORM *MUST* ACCOMPANY ALL APPLICATIONS FOR AIRCRAFT OR AIRCRAFT RELATED COVERAGE. A STATE FUND FORM 10789 (PILOT'S SUPPLEMENTAL AIRCRAFT QUESTIONNAIRE) MUST ALSO BE COMPLETED BY EACH PILOT EMPLOYED BY YOU. A QUOTE FOR INSURANCE CANNOT BE ISSUED UNTIL ALL APPLICABLE QUESTIONS ON BOTH QUESTIONNAIRES ARE ANSWERED COMPLETELY AND BOTH QUESTIONNAIRES ARE SIGNED, DATED AND RETURNED TO STATE FUND. PLEASE ATTACH AN ADDITIONAL PAGE IF YOU NEED MORE SPACE TO ANSWER THE QUESTIONS COMPLETELY.

2 General Information

Name of Employer_____

Check type of aircraft used: ☐ Fixed Wing ☐ Single Engine ☐ Multi-Engine ☐ Turbine ☐ Helicopter
☐ Balloon/Blimp ☐ Glider ☐ Other_____

Please indicate the usage(s) of the aircraft: ☐ Personal Business and Pleasure only
☐ Business only ☐ Business and Pleasure ☐ Commercial (Excluding flying by students or renter pilots) ☐
Commercial (Including flying by students or renter pilots) ☐ Agricultural/Crop Dusting
☐ Aerial Photography ☐ Other_____

Is the Aircraft ever used for travel outside California or the continental United States? ☐ No ☐ Yes

If yes, please indicate the places the aircraft is flown to and the frequency and purpose of the flights.

Make/Model of Aircraft(s) owned
and/or Operated by you:

Age of Aircraft

Seating Capacity of Aircraft
(including crew)

Do you ☐ Own, ☐ Lease, or ☐ Rent the Aircraft you operate?

If you own the aircraft, was it purchased ☐ Used ☐ New

Where is the aircraft parked when not in service?

_____ (Name and location of place where aircraft is parked)

Are facilities for major overhaul available at the above location? ☐ No ☐ Yes

Is the facility FAA certified? ☐ No ☐ Yes

Are you a licensed pilot? ☐ No ☐ Yes

If yes, do you fly in the service of the company? ☐ No ☐ Yes (Please give approximate hours per month_____)

Number of pilots you use? _____ Is/are the pilot(s) ☐ Permanently employed by you or, ☐ For hire?

If for hire, does he/she fly for other employers? ☐ No ☐ Yes

How are pilots compensated for their services (Please describe. Include all forms of compensation such as board and lodging, travel time, payments, etc.)

Do any of your pilots work on a ☐ Seasonal, or ☐ Part-time basis?

If seasonal, how many pilots work seasonally? _____

If part-time, approximately how many hours a month? _____

What is the rate of compensation? _____per/hr.

3
Insurance
Information

Have you ever insured your aviation exposure under a workers' compensation policy? ☐ No ☐ Yes

If yes, please attach a policy history of the four most recently completed years and answer the following questions for each policy:

Who was the carrier? _____ (Not the Broker or Agent)

What were the coverage dates? From _____ (Mo/Day/Yr) to _____ (Mo/Day/Yr)

Was this coverage cancelled? ☐ No ☐ Yes Was renewal offered? ☐ No ☐ Yes

Reason if cancelled or not renewed and date of cancellation: _____

Have any of your employees sustained a work-related injury as a result of the use of your aircraft in the past 5 years? ☐ No ☐ Yes If yes, please explain _____

What insurance carrier insures your aircraft and power plant (Hull Insurance)? _____
Policy Number _____ (Please provide a policy history of the four most recently completed years.)

Is there a licensed aircraft and power plant (A/P) mechanic on your payroll? ☐ No ☐ Yes

If no, do you ☐ Perform your own maintenance or ☐ Contract your maintenance out?

What criteria are used to determine the frequency for replacing major aircraft parts?

Do you require your pilots to take physical examinations? ☐ No ☐ Yes If yes, how frequently?

What is the number of consecutive hours a pilot is allowed to fly? _____ hrs.

Do you have a pre-determined accident reaction plan in the event of a crash or other emergency? ☐ No
☐ Yes If yes, please describe _____

4
Maintenance
and Safety

Are fire extinguishers located in the shop? ☐ No ☐ Yes On the aircraft? ☐ No ☐ Yes

What is the maintenance schedule for extinguishers? ☐ Annually ☐ Semi-Annually ☐ Quarterly
☐ Monthly

How many hours after the consumption of any alcoholic beverage are the pilot and/or crewmembers allowed to act in their respective capacities? _____

Do the pilot and/or crewmembers wear fire-resistant or cotton clothing while flying? ☐ No ☐ Yes

(Complete the following questions only if you are involved in crop dusting operations.)

Is the aircraft in use ☐ Designed for aerial application by the manufacturer, or ☐ Modified for this purpose?

What percentage of your business consists of making application to small fields or test plots? _____ %

Do you possess either of the following: ☐ Qualified applicator license, or ☐ Pest control aircraft pilot certificate?

Has your qualified applicator license or pest control aircraft pilot certificate ever been revoked or suspended for any of the following reasons? ☐ No ☐ Yes

If yes, please specify:

- ☐ Failure to adequately supervise the usage of a restricted material.
- ☐ Failure to comply with any provision of Division 6 or 7 of the Food and Agriculture Code.
- ☐ Making any false or fraudulent record or report

Which of the following pesticides do you use? (Please indicate frequency of use)

Carbamates

Temik _____ %
Furadan _____ %
Lannate _____ %
Servin _____ %

Organophosphates

Tepp _____ %
Thimet _____ %
Phosdrin _____ %
Systox _____ %
Di-Syston _____ %
Parathion _____ %
Methyl Parathion _____ %

Chlorinated Hydrocarbons

Isodrin _____ %
Endrin _____ %
Aldrin _____ %
Thiodan _____ %
Dieldrin _____ %
Toxaphene _____ %
Chlordane _____ %

Other restricted pesticide(s) used: (Please indicate name and percentage of use.)

What precautions are taken to protect the pilot from exposure to pesticides and/or engine exhaust products.

- A. During loading and clean up operations? _____
B. While in flight and during application? _____

Do you provide and maintain protective clothing for employees who handle pesticides? ☐ No ☐ Yes
If yes, please describe _____

Do you require protective equipment to be worn by employees who handle toxic pesticides? ☐ No ☐ Yes
If yes, please describe _____

Have you made prior arrangements for emergency medical care? ☐ No ☐ Yes
If yes, please describe _____

Do you have posted in a prominent place at the worksite or on the application vehicle the name, address, and telephone number of the physician, clinic, or hospital emergency room providing emergency medical care? ☐ No ☐ Yes

Is the service of a licensed physician engaged for employees whose exposure period exceeds 30 hours in any 30-day period? ☐ No ☐ Yes

Are eye wash, showers or bathing facilities available at all locations where mixing and loading operations are carried out? ☐ No ☐ Yes

Do you require employees who handle pesticides to wash their hands and face before eating or smoking, and immediately after mixing, loading and aerial application operations? ☐ No ☐ Yes

4

Continued

5

Remarks

Remarks _____

6

Signature

I UNDERSTAND THAT IT IS A MISDEMEANOR TO MISREPRESENT FACTS IN ORDER TO OBTAIN INSURANCE AT A LOWER COST THAN IS APPROPRIATE, AND THAT TO KNOWINGLY ENTER FALSE INFORMATION ON THIS FORM MAY RESULT IN IMMEDIATE CANCELLATION OF ANY POLICY ISSUED TO ME. I AGREE THAT THIS IS AN EVALUATION FORM, NOT AN APPLICATION FOR INSURANCE AND DOES NOT BIND THE STATE FUND TO COVERAGE OF THE ABOVE RISK.

SIGNATURE _____ TITLE _____

DATE _____

NAME _____

(Please Print)