AIRCRAFT SUPPLEMENT – FLEET DETAIL

Applicant:

Detail by Aircraft

Year Built	Make and Model	# of Engines	Fixed Wing or Rotary	Annual Flight Hours	Is Aircraft Leased*, Chartered, Owned, or Private	Total # of Seats		Are Crew Members Employees	Average # of Employees Per Flight**	FAA#	City/State Where Aircraft is Normally Hangered
						Crew	Passenger				
								☐Y ☐N			
								☐Y ☐N			
								☐Y ☐N			
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								☐Y ☐N			

* 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.

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