STARR WRIGHT USA

To submit your application, save the completed form and email to support@wrightusa.com, fax to 302-483-0230, or print and mail to: Starr Wright USA 405 Silverside Road, Suite 102B Wilmington, DE 19809

Questions? Call us at 800-424-9801 for assistance.

Applicant Information

**Required fields*

*COMPANY NAME | MIDDLE IN. | *LAST NAME | *DATE OF BIRTH

*NAME OF INDIVIDUAL OR ENTITY TO BE INSURED

*STREET ADDRESS

*CITY | *STATE | *ZIP

*PHONE | EXTENSION | *EMAIL

*APPLICANT IS:

○ SOLE PROPRIETER ○ PARTNERSHIP ○ LLC ○ CORPORATION ○ JOINT VENTURE (Other describe)

Complete as much as possible below. All fields are not required for submission.

Max. # of employees per flight to/from country of operation

R&R rotation? YES ○ NO ○

Maximum # of employees per ground conveyance to/from worksite

Maximum distance travelled to/from worksite/sleep quarters Miles

% of time spent working over-the-wire in high hazard countries

AVIATION EXPOSURE

Maximum # of hours per flight (per pilot)

Maximum # of flights per week/month

Fleet information/Type of aircraft

Water travel exposure? YES ○ NO ○

Payroll/Headcount Information

5 Year Historic Payrolls by country and/or job class

Headcount by country and/or job class

Payroll by country and/or job class

Nationality of TCNs (if any)

Historical Loss information – including indicators (if possible) for full loss description, job class, country, contract #, war hazard indicator.

Large Loss details (over ~$250,000)

Contract #s

Statements of Work (SOWs) or comparable formal description of work

(If Available) Employee Health/Environment/Safety program information (safety manuals, employee handbooks etc.)

Signature/ E-signature