



Pilot & Aircraft Questionnaire



PILOT QUALIFICATIONS			
Named Insured		Make & Model Aircraft to be Flown	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip Code
Date of Birth	Education (Advise Diplomas and Degree if any)		
Occupation	Show Percent of work time spent on non-flying duties		
Employed by	Since	Full Time	Part Time
Street Address	City	State	Zip Code
Business Phone	Home Phone		

AIRMAN CERTIFICATION NUMBER		MEDICAL	
Number		Class	
Limitations		Expiration Date	

CURRENT CERTIFICATES AND RATINGS			
Student: Since	Instrument	Instructor (Class)	Type rated in (Type of Aircraft)
Private	Single Engine-Land	Glider	Commercial
Single Engine-Sea	Airline (ATP)	Center Line Thrust	Light Sport Aircraft
Rotorcraft	Multi Engine-Land	A&P Mechanic	Multi Engine-Sea
Other			
Date of last logged satisfactorily accomplished Biennial Flight Review		Make & Model	
Date of last logged satisfactorily accomplished Pilot Proficiency Exam		Make & Model	
Date of last logged satisfactorily accomplished Instrument Proficiency Check		Make & Model	

FLIGHT & GROUND SCHOOL TRAINING COURSES			
Name & Location of School	Type of Aircraft	Date	Graduated
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Initial Type Training	Recurrency Training	Full-Axis Motion Flight Simulation Training	Ground School Only
Aerial Applicator School	Level of Simulation Completed		
Name & Location of School	Type of Aircraft	Date	Graduated
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Initial Type Training	Recurrency Training	Full-Axis Motion Flight Simulation Training	Ground School Only
Aerial Applicator School	Level of Simulation Completed		

AERIAL APPLICATOR			
Number of years experience as an aerial applicator pilot	Total Hours apply:	Herbicides	Insecticides
List states you are currently licensed to conduct aerial application			
Explain any suspension or revocation of any state aerial applicator certificate held by you			



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Total Logged Pilot-In-Command hours for all aircraft

Total Logged hours in all aircrafts

ITEMIZED PILOT-IN-COMMAND HOURS

Class/Insured Make & Model	Make & Model	Total	Last 90 Days	Last 12 Months	Instrument 6 Months	Co-Pilot Hours
Single Engine Fixed Gear						
Single Engine Retractable						
Multi-Engine Piston						
Turbo Prop						
Jet						
Helicopter -Recipturbine -Sling Load						
Night Vision Devices						
Number of water Landings & Takeoffs						

ANSER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals of the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Have you ever had an aircraft claim, incident or accident?	Yes	No
Have you ever been cited for fined for violation of an aviation regulation?	Yes	No
Has your pilot certificate ever been suspended or revoked?	Yes	No
Have you ever been convicted of a felony or are you under indictment for a felony?	Yes	No
Have you ever been convicted of driving a motor vehicle under the influence of alcohol Or narcotics, or reckless driving?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Have you ever been convicted of or are you under indictment in a legal action involving Drugs or Narcotics?	Yes	No
Have you ever been treated for chemical dependency?	Yes	No
Are you regularly using any medication?	Yes	No

Explain fully each "Yes" answer
(Use extra page if needed)

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

Pilot's Signature		Date	
Producer		Make & Model Aircraft to be Flown	
Street Address	City	State	Zip Code
Telephone Number	Fax Number)		Email Address



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AIRCRAFT INFORMATION									
A	Ownership:		Sole Owner		Lease		If lessee, long term		
B	Year, Make, Model Number	Land/Sea Amphib	Seat Capacity		Annual Use Hours	No of Trips			
			Pass	Crew		Week	Month	Year	
1.									
2.									
C	Engine Type (Multi/Sing. Prop/Jet)	1			2				
D	Insurance	Carrier		Limits		Exp Date			
E	Principal Hanger (Location/Name)								
F	Maintenance (Describe)								
G	Usage								
1	Destination								
2	States traveled through								
3	Over water/mountains?	Yes	No						
4	Outside continental U.S.?	Yes	No						
5	Purpose of use:		Transportation of personnel		Other:				
6	Used by other than applicant?	Yes	No						
7	Operated at other than paved public airports?	Yes	No						
8	Number of employees per flight, including pilot:	Average:			Maximum:				
9	Any use of non-owned aircraft?	Yes	No	<i>If chartered aircraft is used, complete section below.</i>					
CHARTERED AIRCRAFT									
1	Number of employees per flight:	Average:			Maximum:				
2	Number of flights per year	Average:			Maximum:				
3	Name of charter company (if available)								