

Aviation Questionnaire

Please print or type

1 Name of Insured	
Give Exact and Full Name	Years in Business

2 Mailing Address					
Street or P.O. Box			Business Telephone No.		
City	State	Zip Code	Fax Number		

3 Proposed Effective Date of Coverage

4 Aircraft Information				
1 Description of aircraft (year, make, model)				
	1			
2 Number of seats for crew	3 Number of seats for passengers	4 Average no. of employees per trip	5 Average flight hours per month	
6 Hanger Location (airport, city, state)				
7 Area and radius of use				
8 Purpose of use				

5 Pilot Information				
1 Name		2 Age		
3 Is pilot a fill-time professional? Yes No	4 Type of license and rating			
5 FAA medical certification Yes No	6 Date issued	7 Restrictions		
8 Waivers (if any)				
9 Is a co-pilot utilized? Yes No	If yes, percent of time:			
10 Has pilots license ever been suspended? Yes No	If yes, provide details:			
11 Has pilot ever been sited for FAA regulations? Yes No	If yes, provide details:			
12 Has pilots ever been involved in any aircraft accidents? Yes No	If yes, provide details:			
13 Total hours flight time as pilot	14 Total hours flight time as pilot in this aircraft			

Prepared By	Date
Approved By	Date

For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.