

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)				
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 full-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