



# WCF Mutual Insurance Company

## Aviation Questionnaire

Please Print or Type

### 1 NAME INSURED

Give Exact or Full Name	Years in Business
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### 2 MAILING ADDRESS

Street or P.O. Box			Business Telephone Number
City	State	Zip Code	Fax Number

### 3 PROPOSED EFFECTIVE DATE OF COVERAGE

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### 4 AIRCRAFT INFORMATION

1 Description of aircraft ( year, make, model )			
2 Number of seats for crew	3 Number of seats for passengers	4 Average number 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

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

### PREPARED BY

Signature and Title of Owner, Partner, Member or Corporate Officer	Date
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### APPROVED BY

Signature and Title	Date
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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.