

# Aviation Questionnaire



**PLEASE PRINT**

- 1 Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2 Have you ever flown as a pilot or crew member, or do you intend to do so?.....  Yes  No
- 3 What type of license or certificate do you hold? \_\_\_\_\_  
 Date of issue? \_\_\_\_\_ If expired, give date. \_\_\_\_\_ Do you intend to renew? .....  Yes  No
- 4 Do you intend to qualify for a higher grade certificate?.....  Yes  No  
 If "Yes," when? \_\_\_\_\_
- 5 Do you hold a current FAA medical certificate? .....  Yes  No  
 Date last renewed. \_\_\_\_\_ If expired, do you intend to renew? .....  Yes  No  
 When? \_\_\_\_\_

6 Schedule of flying time Type of Flying	Hours as Pilot or Copilot			Hours as Passenger or Crew Member		
	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago
COMMERCIAL (flying for pay) Scheduled passenger airline.....						
Employer-owned aircraft for employee transportation.....						
Crop dusting or aerial spraying.....						
Check flying of repaired or production line aircraft.....						
Student instruction.....						
Freight carrying or nonscheduled passenger service, charter or sight-seeing flying.....						
Other (describe below).....						
MILITARY.....						
NONCOMMERCIAL (not flying for pay) Pleasure.....						
Personal business transportation.....						
Instruction as student.....						
Other (describe below).....						

- 7 Total number of hours flown as a pilot. \_\_\_\_\_
- 8 Have you flown, or do you intend to fly a prototype, experimental, or home built aircraft?.....  Yes  No
- 9 Do you or have you ever participated in aerobatics, air racing, or stunt flying? .....  Yes  No
- 10 Do you contemplate any type of flying not indicated above?.....  Yes  No  
 If "Yes," please explain in **Part 12, "Additional Remarks."**
- 11 Have you ever had an aircraft accident or been grounded, fined or reprimanded for violation  
 of air regulations? .....  Yes  No
- 12 **ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS. Give details of all questions answered "Yes."**  
 (Use reverse side of form if necessary.)

I hereby represent that all the statements and answers to the above questions are true and complete, and will be relied upon to determine my eligibility for insurance. I also understand that this signed form will be used during the underwriting process and any misstatements may affect my ability to obtain coverage.

Witnessed Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_