

AVIATION QUESTIONNAIRE

Name _____ Date of birth _____

1. Hours flown as a PILOT or COPILOT							
TYPE OF FLYING	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago	TYPE OF FLYING	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago
Commercial (flying for pay)				Non- commercial (not flying for pay)			
Scheduled passenger airlines				Pleasure			
Employer owned aircraft				Personal business transportation			
Nonscheduled or charter				Instruction as a student			
*Crop dusting or aerial spraying (Answer question 9 below)				Other (describe under 13. below)			
Student Instruction							
Exhibition or Stunt Flying				**Military (Answer question 11. below)			
Other (describe under 13. below)							
2. Total numbers hours flown as a pilot _____ 3. If not a Pilot, specify capacity in which you fly, e.g. passenger, etc.					4. Date of last flight. ____/____/____		
5. a. What type of certificate license do you have? <input type="checkbox"/> Student If "Student" when did you first obtain Students Pilot's Certificate? _____ <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATR <input type="checkbox"/> Other (specify)							
b. Do you have an Instrument Flight Rating (IFR): <input type="checkbox"/> Yes <input type="checkbox"/> No				c. What other ratings do you have?			
d. Class of FAA medical certificate held?				e. Date of last FAA medical examination? _____ Month Year			
f. Does your FAA medical certificate specify any operational limitations or any limit on duration? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" give details below)							

COMPLETE QUESTIONS 6. THRU 10. WITH RESPECT TO CIVILIAN FLYING GIVING DETAILS TO "YES" ANSWERS BELOW

	YES	NO
6. Do you use a Public Airport?		
7. Have you flown or do you intend to fly outside the United States?		
8. Have you flown or do you intend to fly Prototype, Experimental, or Personally Built Aircraft, Rotorcraft, Balloon, or gilders?		
*9. If an aerial applicator, do you fly an aircraft specifically and primarily built for aerial application (New Generation Aircraft)? If so, what make, model and year is this aircraft? What percentage of application is done in this plane? _____ %		
10. Have you engaged or do you contemplate engaging in any type of flying not indicated above?		
*11. Please answer questions a. through g. with respect to MILITARY FLYING		
a. To what military organization do you belong?		
b. Date of last flight (month and year)		
c. In what type of aircraft do you fly? (e.g. B58 Supersonic Jet Bomber)		
d. Do you fly into war zones? If so where?		
e. How long have you been flying in this type of aircraft? (if less than 1 year, also specify aircraft previously flown)		
f. Do you ever fly from an aircraft carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. If not a pilot, specify in what capacity in which you fly, e.g. navigator.		
12. If you should be given a choice of either of the following underwriting actions, which would you prefer? a. <input type="checkbox"/> To pay an additional premium for coverage unrestricted as to aviation activities b. <input type="checkbox"/> To have an aviation exclusion endorsed on the policy.		
13. DETAILS (specify question numbers)		

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief.

Signature of Proposed Insured _____ Date ____/____/____

Witness _____ Date ____/____/____

