**PILOT QUESTIONNAIRE**

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| **NAME OF POLICYHOLDER/AIRCRAFT OWNER:**       |
| Policy Period effective from 12:01 A.M.       to12:01 A.M.       (local time at address of Policyholder) |
| **NAME OF PILOT:**       Date of Birth       |
| Address       |
| Present Employer       Date Employed       |
| Address       Position Held       |
| **Previous Employers** | **Position** | **Dates** |
|       |       |       |
|       |       |       |
|       |       |       |
| Have you ever been discharged or asked to resign? [ ]  Yes [ ]  No If so, explain       |

**PILOT CERTIFICATE AND RATINGS CURRENTLY HELD**

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| [ ]  STUDENT [ ]  SINGLE ENGINE LAND [ ]  CENTER LINE THRUST [ ]  MECHANIC AIRCRAFT[ ]  PRIVATE [ ]  SINGLE ENGINE SEA [ ]  OTHER (Specify) [ ]  MECHANIC POWER PLANT[ ]  COMMERCIAL [ ]  MULTI-ENGINE LAND       [ ]  INSTRUMENT RATING, OBTAINED BY     [ ]  AIRLINE TRANSPORT [ ]  MULTI-ENGINE SEA [ ]  TYPE RATING (Specify aircraft) [ ]  FAA FLIGHT CHECK[ ]  INSTRUCTOR [ ]  HELICOPTER       [ ]  MILITARY INSTRUMENT CARD |

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| FAA Certificate No.       Date first certificated as pilot       |
| If student, (a) name of instructor or/FBO       (b) airport at which instruction is given        |
| Class of medical certificate held       Date of last FAA physical examination        |
| Physical impairments, If any        |
| Waivers, limitations or conditions specified on medical certificate, if any        |
| Date of last Biennial Flight Review?       Type of aircraft used       Date of last simulator instruction       |
| Biennial Flight Review conducted by?       How often?        |
| **Make and model of aircraft on which approval is sought**       |
| Have you attended aircraft manufacturer’s ground and flight training course or its equivalent? [ ]  Yes [ ]  No  |
| Type of aircraft: |       |       |       |
| Name of facility: |       |       |       |
| Date:  |       |       |       |

 **FLYING EXPERIENCE – LOGGED HOURS ONLY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SINGLE****ENGINE****AIRCRAFT** | **Make and Model** **of Aircraft** | **Dates Flown****(By Years)** | **Pilot in Command** | **Second in Command\*** | **Dual** | **Total****Time** | **Total Last** **90 Days** | **Total Last****12 Months** |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | **TOTAL SINGLE ENGINE** |  |  |  |  |  |  |
| **MULTI-****ENGINE** **& JET****AIRCRAFT** | **Make and Model** **of Aircraft** | **Dates Flown****(By Years)** | **Pilot in Command** | **Second in Command\*** | **Dual** | **Total****Time** | **Total Last** **90 Days** | **Total Last****12 Months** |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | **TOTAL MULTI-ENGINE** |  |  |  |  |  |  |
| **SEAPLANES****AND****HELICOPTERS** | **Make and Model** **of Aircraft** | **Dates Flown****(By Years)** | **Pilot in Command** | **Second in Command\*** | **Dual** | **Total****Time** | **Total Last** **90 Days** | **Total Last****12 Months** |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | \*Show Second in Command time only if Second in Command is required by aircraft type certificate or is  required by regulation under which flight is conducted **GRAND TOTAL** |  |  |  |

 **EDUCATION**

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| Check highest year completed: High School 1 [ ]  2 [ ]  3 [ ]  4 [ ] : College 1 [ ]  2 [ ]  3 [ ]  4 [ ] : Graduate School 1 [ ]  2 [ ]  3 [ ]  4 [ ]  |
|  | **Name of School** | **Attended** | **Did you graduate/complete course?** |
| **From:** | **To:** |
| COLLEGE |       |       |       |       |
| GRADUATE SCHOOL |       |       |       |       |
| BUSINESS ORTECHNICAL SCHOOL |       |       |       |       |

**AIRCRAFT ACCIDENTS**

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| Have you ever been involved in any aircraft accident? [ ]  Yes [ ]  No If yes, explain all accidents. |
| **Location** | **Date** | **Make and Model****of Aircraft** | **Registration Number of Aircraft** | **Probable Cause and Remarks** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| **Explain Circumstances if:**1. You have any: (a) physical impairments,

(b) waivers, limitations, or conditions on your medical certificate or on your pilot certificate      2. An FAA, Transport Canada or military pilot certificate held by you has ever been suspended or revoked      3. You have ever been cited for violation of any aviation regulation in any country      4. You have ever been convicted of or pleaded guilty to a felony or driving while intoxicated       |

**FRAUD STATEMENTS**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**APPLICABLE IN FLORIDA and OKLAHOMA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

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| **All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

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| Name of Insurance Producer:       |
| License State:       | State License Number:       |
| Address:       |
| For how long have you been designated this applicant’s Broker of Record?       |