**RENEWAL QUESTIONNAIRE/PILOT**

**USE ONLY FOR POLICY RENEWAL AND ONLY IF A COMPLETE QUESTIONNAIRE HAS BEEN SUBMITTED PREVIOUSLY.**

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| **NAME OF POLICYHOLDER/AIRCRAFT OWNER:** |
| **NAME OF PILOT:**       Date of Birth: |
| Address of Pilot: |
| Name of Pilot’s employer: |
| Pilot Certificate:  ATP  Commercial  Private  Student  Instructor  Ratings:  ASEL  ASES  AMEL  AML-CLT  AMES  Helicopter  Instrument Type Ratings  Mechanics:  Airframe  Powerplant  Inspection Authority |
| F.A.A. Certificate No.       F.A.A. Medical Class       Date: |
| Waivers or Limitations |

**FLIGHT PROFICIENCY:**

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| Most recent Biennial Flight Review: Date:       Type of aircraft used: |
| Other proficiency check (If Applicable): Date:       Type of aircraft used: |
| Recent formal training Name of facility  Date:       Type of aircraft used:  Course:  Ground School  Simulator  Flight Refresher  Current Crew Position Aircraft Type:        Pilot in Command  Second in Command  (Professional Pilots) Aircraft Type:        Pilot in Command  Second in Command  Aircraft Type:        Pilot in Command  Second in Command |

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| **Flight Experience** | Number of Logged Flying Hours  in Last 90 Days | | | Number of Logged Hours in Last 12 Months | | | Estimated Flight Hours Next 12 Months | | |
| Make & Model  of Aircraft |  |  |  |  |  |  |  |  |  |
| As Pilot in Command |  |  |  |  |  |  |  |  |  |
| As Second in Command\* |  |  |  |  |  |  |  |  |  |

\*Log Second in Command time only if aircraft certification requires cockpit crew of two or regulations for flight require a Second in Command.

**TOTAL LOGGED FLYING HOURS:**

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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. Military or other 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 involved in any aircraft accident  5. 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? | |