



# PILOT QUESTIONNAIRE

(BOTH SIDES MUST BE COMPLETED)

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Present Employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
 Address \_\_\_\_\_ Position Held \_\_\_\_\_  
 Name of Insured (If Not Applicant) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Policy number (If Known) \_\_\_\_\_

Previous Employers	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been discharged or asked to resign? \_\_\_\_\_ If so, explain \_\_\_\_\_

### PILOT CERTIFICATE AND RATINGS CURRENTLY HELD

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SINGLE ENGINE LAND	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> MECHANIC AIRCRAFT
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> SINGLE ENGINE SEA	.....	<input type="checkbox"/> MECHANIC POWER PLANT
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-ENGINE LAND	<input type="checkbox"/> TYPE RATING	<input type="checkbox"/> INSTRUMENT RATING, OBTAINED BY
<input type="checkbox"/> AIRLINE TRANSPORT	<input type="checkbox"/> MULTI-ENGINE LAND	(Specify Aircraft) _____	<input type="checkbox"/> FAA FLIGHT CHECK
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> HELICOPTER	.....	<input type="checkbox"/> MILITARY INSTRUMENT CARD

FAA Certificate No. \_\_\_\_\_ Date first certificated as pilot \_\_\_\_\_

If student, (a) name of instructor \_\_\_\_\_

(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 FAR Flight Review \_\_\_\_\_ Type of aircraft used \_\_\_\_\_ date of last simulator flight \_\_\_\_\_

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

Name of training facility(ies) attended \_\_\_\_\_

Dates attended \_\_\_\_\_

### FLYING EXPERIENCE IN LOGGED HOURS

	MAKE AND MODEL OF AIRCRAFT	DATES FLOWN (BY YEARS)	MILITARY		AIRLINE		CIVILIAN		TOTAL TIME	TOTAL LAST 12 MONTHS
			PILOT	CO-PILOT	PILOT	CO-PILOT	PILOT	CO-PILOT		
SINGLE ENGINE AIRCRAFT										
Total S.E.										
MULTI-ENGINE & JET										
TOTAL M.E.										
SEAPLANES AND HELICOPTERS										
								GRAND TOTAL		

Total Time \_\_\_\_\_ Cross Country \_\_\_\_\_ Night \_\_\_\_\_ Actual Instrument \_\_\_\_\_ Hood Instruments \_\_\_\_\_

**AVIATION INSURANCE SERVICES OF NEVADA, INC.**  
 9515 Hillwood Drive, Las Vegas, Nevada 89134-0527  
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## EDUCATION

Circle 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? (Indicate which, if no so state)
		From	To	
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR				
TECHNICAL SCHOOL				
AIRCRAFT REFRESHER OR				
TRANSITION COURSE				

## AIRCRAFT ACCIDENTS

Have you ever been involved in any aircraft accident? \_\_\_\_\_ If yes, explain all accidents:

Location	Date	Make and Model of Aircraft	License Number of Aircraft	Probable Cause and Remarks

Have you ever been grounded by FAA or military authorities? \_\_\_\_\_ If so, explain \_\_\_\_\_

Has an FAA or Military pilot certificate held by you ever been suspended or revoked by the authority having jurisdiction? If so, explain \_\_\_\_\_

Have you ever been cited for any violation of Federal Air Regulation? \_\_\_\_\_ If so, explain all violations \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a felony of for drunken driving? \_\_\_\_\_ If so explain \_\_\_\_\_

Has any Insurance Company or Underwriter at any time declined an application submitted by you or cancelled or refused to renew a policy held by you in regard to any type of insurance, whatsoever? \_\_\_\_\_ If so, explain \_\_\_\_\_

### PILOT MUST COMPLETE ALL STATEMENTS AND ANSWER ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE

### PILOT'S STATEMENT

I certify that the statements in this form are true and that no material information has been withheld or suppressed. I also certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. For the purpose of this section, the terms "category" and "class" are as defined in the Code of Federal Regulations, Title 14, Chapter I, Part 1, Section 1.1 (14CFR1.1). **FRAUD WARNING:** 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 such person to criminal and civil penalties.

\_\_\_\_\_  
Signature of Pilot

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Pilot of Corporate -- Executive Fleet

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