

# AVIATION QUESTIONNAIRE

PROPOSED INSURED: \_\_\_\_\_

## A. PILOTS ONLY

1. Do you hold a valid FAA Medical Certificate?  Yes  No  
**If Yes:** a. What class: \_\_\_\_\_ Original issue date: \_\_\_\_\_  
 b. Was the medical certificate issued under a special issuance or with any restrictions?  Yes  No  
**If Yes:**  Special issuance  Restriction For what condition? \_\_\_\_\_
2. Do you hold a valid FAA Airman Certificate?  Yes  No  
**If Yes:** a. What type:  Student  Sport  Recreational  
 Private  Commercial  Airline transport  
 b. What class:  Airplane  Rotorcraft  Powered lift  
 Glider  Lighter than air  Other \_\_\_\_\_  
 c. What rating:  Single engine  Multi-engine  Instrument rating  
 Sea  Land  Other \_\_\_\_\_
3. a. What is the make and model of the primary aircraft that you currently fly?  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 b. Who owns the aircraft listed above? \_\_\_\_\_  
 c. **If self, do you have a valid aircraft insurance policy?**  Yes  No
4. Have you ever been in any aviation accidents; received any FAA safety violations? **If Yes, provide details in section D.**  Yes  No
5. Flight time in hours:

| Total Time             | All Aircraft | Primary Aircraft | Hours of IFR Flying | Military – Primary Aircraft: _____ | If Flown:  |        |
|------------------------|--------------|------------------|---------------------|------------------------------------|------------|--------|
|                        |              |                  |                     |                                    | Rotorcraft | Glider |
| Pilot in Command (PIC) |              |                  |                     |                                    |            |        |
| Instructor             |              |                  |                     |                                    |            |        |
| Last 24 Months         |              |                  |                     |                                    |            |        |
| Last 12 Months         |              |                  |                     |                                    |            |        |
| Total Time             |              |                  |                     |                                    |            |        |
| Next 12 Months         |              |                  |                     |                                    |            |        |

## B. CREW MEMBERS ONLY

1. Describe duties aboard the aircraft: \_\_\_\_\_
2. What is the make and model of the primary aircraft that you are a crew member of?  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_
3. Flight time in hours: Last 24 months: \_\_\_\_\_ Last 12 months: \_\_\_\_\_ Total time: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

## C. FUTURE FLIGHT PLANS (ALWAYS COMPLETE)

1. Do you plan to fly a different aircraft within the next 24 months?  Yes  No  
**If Yes, provide details. What are the make(s) and model(s) of the aircraft you plan to fly?**  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Anticipated date: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Anticipated date: \_\_\_\_\_
2. Within the next 24 months, do you plan that your future flying will be of a different nature, including aerobatic flight, stunt flying or racing? **If Yes, provide details in section D.**  Yes  No

## D. DETAILS

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