

# PILOT QUESTIONNAIRE



NAME OF POLICYHOLDER/AIRCRAFT OWNER \_\_\_\_\_

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? \_\_\_\_\_ If so, explain \_\_\_\_\_

### PILOT CERTIFICATE AND RATINGS CURRENTLY HELD

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SINGLE ENGINE LAND	<input type="checkbox"/> CENTER LINE THRUST	<input type="checkbox"/> MECHANIC AIRCRAFT
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> SINGLE ENGINE SEA	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> MECHANIC POWER PLANT
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-ENGINE LAND		<input type="checkbox"/> INSTRUMENT RATING, OBTAINED BY
<input type="checkbox"/> AIRLINE TRANSPORT	<input type="checkbox"/> MULTI-ENGINE SEA	<input type="checkbox"/> TYPE RATING (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 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

	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Co-Pilot*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
SINGLE ENGINE AIRCRAFT	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	TOTAL SINGLE ENGINE							
MULTI-ENGINE & JET AIRCRAFT	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	TOTAL MULTI-ENGINE							
SEAPLANES AND HELICOPTERS	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	GRAND TOTAL							

\*Show co-pilot time only if co-pilot is required by aircraft type certificate or is required by regulation under which flight is conducted

**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?
		From:	To:	
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR TECHNICAL SCHOOL				

**AIRCRAFT ACCIDENTS**

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

Location	Date:	Make and Model of Aircraft	Registration Number of Aircraft	Probable Cause and Remarks

Explain circumstances if:

- You have any: (a) physical impairments \_\_\_\_\_  
 (b) waivers, limitations, or conditions on your medical certificate or on your pilot certificate \_\_\_\_\_
- Any FAA, Transport Canada or military pilot certificate held by you has ever been suspended or revoked \_\_\_\_\_  
 \_\_\_\_\_
- You have ever been cited for violation of any aviation regulation in any country \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- You have ever been convicted of or pleaded guilty to a felony or driving while intoxicated \_\_\_\_\_  
 \_\_\_\_\_

**All particulars herein are declared to be true and complete to the best of my/out knowledge and no information has been withheld or suppressed and I/we agree that this questionnaire 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 \_\_\_\_\_ Pilot's Signature \_\_\_\_\_  
 Policyholder's or 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.**

Name of Agent or Broker William J. Grohs Aviation, Inc.

Address Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478

Broker  Agent

Global Aerospace member insurance company in which agency license held. \_\_\_\_\_

NORTH AMERICAN HOME OFFICE

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