

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 _____

Address _____

Broker Agent

Global Aerospace member insurance company in which agency license held. _____

NORTH AMERICAN HOME OFFICE

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