

AVIATION EXPOSURE °) †@-

INSURED: _____ POLICY/APP NO. _____
 ADDRESS: _____
 POLICY PERIOD _____ TO _____ EAP _____
 PRODUCER _____ PROD. CODE _____

AIRCRAFT INFORMATION

Year Make Model Serial Number Are there floats/skis?

Owned, Leased, Operated or Chartered?	Engine: Single, Multi or Rotor	Seating Capacity		Typical/Avg Headcount per Flight	
		Passenger Seats	Crew Seats	Covered Employees	Crew

Maximum Headcount per Flight		No. Annual trips with Maximum Headcount	Hours of Annual Business Use	Hours of Annual Pleasure Use
Covered Employees	Crew			

Where is aircraft hangared? _____

Is aircraft properly certified for flight? Yes No

Coverage for crew? Yes No

Does aircraft land at proper landing facilities (i.e. asphalt runways and operating control towers)? If not, explain.

Purpose of flights (i.e. passenger transportation, geographical surveys).

Geographical Destinations

Any losses in the past three years? If so, provide details. _____

Are all pilots professional (i.e. sole profession is as a pilot, is under age 60 and has logged a minimum of 1000 hours as pilot in command)? Yes No

Completed By: _____ Date: _____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PILOT INFORMATION QUESTIONNAIRE

Name of Pilot: _____ Date of Birth: _____
 Name of Employer: _____ Employer's Address: _____
 Job Title: _____ Primary Duties: _____
 Usual Flight Destinations: _____
 Do you ever land on uncontrolled runways? Yes No If yes, how often? _____
 Date of physical and class: _____

CERTIFICATES AND RATINGS

_____ Student	_____ Date Obtained	_____ Instructor	_____ Date Obtained
_____ Private	_____	_____ Instrumental Rating	_____
_____ Commercial	_____	_____ Single Engine	_____
_____ Senior Commercial	_____	_____ Land Single Engine	_____
_____ Airline Transport Pilot	_____	_____ Sea Multi-Engine Land	_____
_____ Helicopter	_____	_____ Multi-Engine Sea	_____
_____ Glider	_____	_____ Other (Specify below)	_____

(As Pilot in Command Only) If there are multiple aircraft, please provide additional sheets as needed.

Type and Model of Aircraft (Indicate if there are floats/skis)	Age of Aircraft	Hours Flown in Last 90 Days	Hours Flown in Last 12 Months	Total Hours of Experience as PIC
Training For This Aircraft	Date of Initial Training	Name & Location of Training Facility		Frequency of Recurrent Training

Number of hours anticipated in next 12 months: _____
 Type(s) of aircraft you anticipate flying in next 12 months: _____
 Have you had any accidents while acting as pilot? Yes No
 If yes, provide details: _____

Are you subject to any waivers/limitations? Yes No If yes, provide details: _____

I hereby certify that all information given by me is true and correct to the best of my knowledge.

Signature: _____ Date: _____