



PILOT QUESTIONNAIRE

NAME OF POLICYHOLDER/AIRCRAFT OWNER:		
NAME OF PILOT:		Date of Birth:
ADDRESS:		Email Address:
PIN NO:		
Present Employer:		Date Employed:
Address :		Position Held:
Previous Employers	Position	Dates
Have you ever been discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> AIRLINE TRANSPORT	<input type="checkbox"/> MULTI-ENGINE SEA	<input type="checkbox"/> TYPE RATING (Specify aircraft)	<input type="checkbox"/> INSTRUMENT RATING, OBTAINED BY
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> HELICOPTER		<input type="checkbox"/> FAA FLIGHT CHECK
			<input type="checkbox"/> MILITARY INSTRUMENT CARD

FAA Certificate No.	Date first certified 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of aircraft:		
Name of facility:		
Date:		

FLYING EXPERIENCE – LODGED HOURS ONLY

SINGLE ENGINE AIRCRAFT	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	TOTAL SINGLE ENGINE							
MULTI – ENGINE & JET AIRCRAFT	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	TOTAL MULTI - ENGINE							
SEAPLANES AND HELICOPTERS	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	*Show Second in Command time only if Second in Command is required by aircraft type certificate or is Required by regulation under which flight is conducted						GRAND TOTAL	

EDUCATION

Check 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? Yes No If yes, explain all accidents.

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

Explain Circumstances if:

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

Payment Details

Payment Type (Please Tick)

Cash: (Please pay directly to the INSURANCE COMPANY)

Cheque: Cheque No Bank:.....

Premium Finance: (State the financing company)

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH THE INSURANCE COMPANY

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY. CASH must be paid direct to the insurer and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by insurer. If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception
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Declaration

All particulars herein are declared to be true and complete to the best of my/our 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 Signature _____

Policyholder's or Applicant 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.