AIE
AVIATION INSURANCE EXPERTS

PILOT QUESTIONNAIRE
Please have each pilot fill out a copy of this form

Name of Aircraft Owner:		
Name of Pilot:	DOB:	Phone:
Address:		
Pilot's Occupation:		
Email:	Date Employed:	

Check All Certificates and Ratings Currently Held

( ) Student	( ) Airline Transport	( ) Rotorwing	( ) Type Rating
( ) Private	( ) Single Engine Land	( ) Centerline Thrust	(Specify Aircraft)
( ) Instrument	( ) Single Engine Sea	( ) Mechanic Airframe	
( ) Commercial	( ) Multi-Engine Land	( ) Mechanic Powerplant	
( ) Instructor	( ) Multi-Engine Sea	( ) Other (Specify)	

Airman's Certificate No:	Date Certified:
If Student: (Name of instructor) (Instruction airport location)	

Date of Last Medical:	Class of Medical: (Not applicable for Light Sport Aircraft)
Medical Waivers ( ) Yes ( ) No If Yes please explain:	

Date of Last Biennial Review :	**Type of Aircraft Used:**	**Date of Last Simulator Instruction:**

Manufacturers Ground and Flight School Attended and Dates:

AOPA Membership #:	EAA Membership #:

FLYING EXPERIENCE

Please show flying experience in logged hours, do not group different aircraft of the same type in the category for the make and model on which approval is being sought. If hours can not be substantiated by log books, please explain how hours have been verified/reconstructed.

Single Engine Aircraft						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot/Dual Instruction	Total Time	Total Last 12 Months	Total Last 90 Days
1						
2						
3						
4						
	RG Time:		Total SEL:			
Multi Engine Aircraft & Jet Aircraft						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
1						
2						
3						
4						
	Pressurized Time		Total Multi-Engine:			
Seaplanes and Helicopters						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
1						
2						
3						
4						
			Total Sea/Helicopter:			
	Grand Total					

AIRCRAFT ACCIDENTS

Have you ever been involved in an aircraft accident? ( ) Yes ( ) No			
If Yes please explain:			
Location	**Date**	**Make and Model**	**Remarks**

Please Explain Circumstances If:

1. If you have a physical impairment, waiver, limitation, or conditions on your Medical or Pilot Certificate.
2. If an FAA, Transport Canada, Military Pilot or other similar Certificate held by you has been suspended or revoked.
3. If you have ever been cited for a violation of any aviation regulation in any country.
4. If you have ever been convicted of or pleaded guilty to a felony or driving while intoxicated.

Explanations:

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application 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 and/or statements contained herein.

Date: Applicant's Signature (s):