

Insured's Name:

Nature of Business:

Address:

Policy Number:

Effective Date:

DESCRIPTION OF AIRCRAFT

YEAR	MAKE	MODEL	SEATS (PILOT + PASSENGER)	AVERAGE EMPLOYEE LOAD	EST. ANNUAL HOURS USAGE PER AIRCRAFT

Primary purpose of aircraft utilization
(i.e. personnel transportation, commercial
passenger transportation, crop dusting, etc.)

Geographical limits of flight exposure

Loss Experience for the past 10 yrs
(i.e. date, amount incurred, description)

Submitted By:
Company:

Date:

PILOT APPLICATED QUESTIONNAIRE

1. Pilot's name:
Date of birth:
Employer:
Job title and duties:
Type of license and ratings:
2. Are all pilots full-time professionals? Yes No N/A
 - What percentage of the time is a co-pilot utilized?
3. FAA Medical Certificate
 - Date Issued:
 - Class:
 - Waivers (if any):
4. Have any of the pilots ever been involved in any aircraft accidents? Yes No N/A
 - If Yes, please provide details.
5. Has the pilot's license ever been suspended? Yes No N/A
 - If Yes, please provide details.
6. Has the pilot ever been cited for any violations of FAA regulations? Yes No N/A
 - If Yes, please provide details.

PILOT EXPERIENCE

YEAR	TYPE OF AIRCRAFT MODEL	MAKE	HOURS AS A PILOT-IN-COMMAND (LAST 12 MONTHS)	TOTAL HOURS AS PILOT IN COMMAND

Submitted By:
Company:

Date:

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