



**ANDREWS**  
INSURANCE AGENCY  
WE'VE GOT YOU COVERED

## PILOT QUESTIONNAIRE

Name of Aircraft Owner:	
Name of Pilot:	Date of Birth:
Address:	
Pilot's Occupation:	
Employer:	Date Employed:

### Check All Certificates and Ratings Currently Held

<input type="checkbox"/> Student	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Rotorwing	<input type="checkbox"/> Type Rating (Specify Aircraft)
<input type="checkbox"/> Private	<input type="checkbox"/> Single Engine Land	<input type="checkbox"/> Centerline Thrust	
<input type="checkbox"/> Instrument	<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Mechanic Airframe	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Engine Land	<input type="checkbox"/> Mechanic Powerplant	
<input type="checkbox"/> Instructor	<input type="checkbox"/> Multi-Engine Sea	<input type="checkbox"/> Other (Specify)	

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

Date of Last Medical:	Class of Medical:
Medical Waivers <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain:	

Date of Last Biennial Review :	Type of Aircraft Used:	Date of Last Simulator Instruction:
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Manufacturers Ground and Flight School Attended and Dates:
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AOPA Membership #:	EAA Membership #:
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### EDUCATION

High School:		College:		Graduate School	
1. ( ) 2. ( ) 3. ( ) 4. ( )		1. ( ) 2. ( ) 3. ( ) 4. ( )		1. ( ) 2. ( ) 3. ( ) 4. ( )	
Name Of School		Years Attended		Did You Graduate	



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## 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/Duel Instruction	Total Time	Total Last 12 Months	Total Last 90 Days
<b>Total Tailwheel:</b>			<b>Total Single Engine:</b>			
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
<b>Total Retractable Gear:</b>			<b>Total Multi-Engine:</b>			
Seaplanes and Helicopters						
	Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
				<b>Total Sea/Helo:</b>		
<b>TOTAL ALL AIRCRAFT</b>						

## 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:

Name of Agent or Broker:

Address:

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):

**THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.**



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