







**PILOTS**

Name of Chief Pilot	Number of years employed by applicant
Does applicant use contract pilots? ( ) Yes ( ) No	

List all pilots who operate Applicant's aircraft and ATTACH PILOT QUESTIONAIRES FOR EACH PILOT, both employed and contract. Identify Command Pilot with "C" and Co-Pilot with "S"

NAME OF PILOT	Date of Birth	Certification (s) & Ratings Please List	Medical Certificate		Hours Logged as Pilot in Command					
			Date	Class	Total	SEL	MEL	Make and Model Total last 90 days 12 mos		
1.										
2.										
3.										
4.										
5.										
6.										

Pilot #	FAA Certificate Number	Date Last Biennial Flight Review	Details of other proficiency training	Name of Facility
1.				
2.				
3.				
4.				
5.				
6.				

Are any aircraft operated with a single pilot crew? ( ) Yes ( ) No. If "Yes", please describe

**TRAINING**

Type of Aircraft	Training Program Utilized	Frequency	Name of Facility
	Simulator based flight and ground school Contracted outside service In-house ground & Flight using fleet aircraft	( ) Initial ( ) 6 Mos. ( ) 12 Mos. ( ) Other	
	Simulator based flight and ground school Contracted outside service In-house ground & Flight using fleet aircraft	( ) Initial ( ) 6 Mos. ( ) 12 Mos. ( ) Other	
	Simulator based flight and ground school Contracted outside service In-house ground & Flight using fleet aircraft	( ) Initial ( ) 6 Mos. ( ) 12 Mos. ( ) Other	
	Simulator based flight and ground school	( ) Initial	

Contracted outside service	( ) 6 Mos. ( ) 12 Mos.
In-house ground & Flight using fleet aircraft	( ) Other



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**MAINTENANCE**

Does Applicant perform its own: Maintenance? ( ) Yes ( ) No If "Yes" name of Maintenance Supervisor:

Interval inspections? ( ) Yes ( ) No

Hot sections? ( ) Yes ( ) No Number of years in this position:

Have Applicant's maintenance personnel completed manufacturer's maintenance schools for aircraft to be insured? ( ) Yes ( ) No  
If "yes", please describe:

Do Applicant's maintenance personnel receive any recurrent training? ( ) Yes ( ) No  
If "yes", please describe:

Are aircraft operated under any special maintenance program? ( ) Yes ( ) No  
If "yes", please describe:

Do Applicant's maintenance personnel service, maintain, or repair aircraft belonging to others? ( ) Yes ( ) No  
If "yes", please describe:

Description of special or extra equipment installed on aircraft and spares inventory:

Aircraft special equipment:	Value \$
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Spare parts inventory:	Value \$
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Spare Engines:	Value \$
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**Names and locations of outside vendors providing the following services (including agreements if available)**

Service Provided	Name of Vender	Agreement Status
Storage		( ) Agreement attached ( ) No Agreement
Fueling		( ) Agreement attached ( ) No Agreement
Airframe Maintenance		( ) Agreement attached ( ) No Agreement
Engine Maintenance		( ) Agreement attached ( ) No Agreement
Avionics Maintenance		( ) Agreement attached ( ) No Agreement



**NON-OWNED AIRCRAFT**

Do any employees (including pilots employed by the Applicant's flight department) pilot aircraft not owned by the Applicant on Applicant's business? ( ) Yes ( ) No If "yes", please describe:

Does the Applicant charter other aircraft for company business? ( ) Yes ( ) No If "yes", please describe:

Does Applicant use or anticipate using any non-owned aircraft with 25, or more seats? ( ) Yes ( ) No

Does Applicant anticipate use of temporary substitute aircraft during servicing or maintenance of insured aircraft? ( ) Yes ( ) No If "Yes", please describe.

**PREMISES**

Location of all premises used in flight operations:

Type of Construction of hangar: \_\_\_\_\_ Is hangar sprinklered? ( ) Yes ( ) No

Hangar is: ( ) Owned ( ) Leased/Rented Name of Landlord \_\_\_\_\_

Does Applicant have any retail fuel and oil sales? ( ) Yes ( ) No Annual Sales \$ \_\_\_\_\_

Does Applicant hangar, tie-down, or move any aircraft belonging to others? ( ) Yes ( ) No If "Yes", please describe.

**LOSS HISTORY**

Has Applicant had any accidents or aircraft related incidents? ( ) Yes ( ) No If "Yes" Please explain below:

**Use this space for answering questions. Attach sheet if necessary**

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.  
FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.

Date: \_\_\_\_\_ Applicant's Signature (s): \_\_\_\_\_



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