

**PILOT QUESTIONNAIRE**

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| **NAME OF POLICYHOLDER/AIRCRAFT OWNER:** | | |
| **NAME OF PILOT:**       Date of Birth: | | |
| Address: | | |
| Present Employer:       Date Employed: | | |
| Address:       Position Held: | | |
| **Previous Employers** | **Position** | **Dates** |
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| Have you ever been discharged or asked to resign?  Yes  No If so, explain | | |

**PILOT CERTIFICATE AND RATINGS CURRENTLY HELD**

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| STUDENT  SINGLE ENGINE LAND  CENTER LINE THRUST  MECHANIC AIRCRAFT  PRIVATE  SINGLE ENGINE SEA  OTHER (Specify)  MECHANIC POWER PLANT  COMMERCIAL  MULTI-ENGINE LAND        INSTRUMENT RATING, OBTAINED BY  AIRLINE TRANSPORT  MULTI-ENGINE SEA  TYPE RATING (Specify aircraft)  FAA FLIGHT CHECK  INSTRUCTOR  HELICOPTER        MILITARY INSTRUMENT CARD |

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| FAA Certificate No.       Date first certificated 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 certificates, if any | | | |
| Date if 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?  Yes  No | | | |
| Type of aircraft: |  |  |  |
| Name of facility: |  |  |  |
| Date: |  |  |  |

**FLYING EXPERIENCE – LOGGED HOURS ONLY**

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| SINGLE ENGINE AIRCRAFT | Make and Model of Aircraft | | Dates Flown (By Years) | | Pilot in Command | | Co-Pilot\* | | Dual | | Total Time | Total Last 90 Days | Total Last 12 Months |
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| **TOTAL SINGLE ENGINE** | | | |  | |  | |  | |  |  |  |
| MULTI-ENGINE & JET AIRCRAFT | Make and Model of Aircraft | | Dates Flown (By Years) | | Pilot in Command | | Co-Pilot\* | | Dual | | Total Time | Total Last 90 Days | Total Last 12 Months |
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| **TOTAL MULTI-ENGINE** | | | |  | |  | |  | |  |  |  |
| SEAPLANES AND HELICOPTERS | Make and Model of Aircraft | | Dates Flown (By Years) | | Pilot in Command | | Co-Pilot\* | | Dual | | Total Time | Total Last 90 Days | Total Last 12 Months |
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| \*Show co-pilot time only if co-pilot is required by aircraft type certificate  or is Required by regulation under which flight is conducted **GRAND TOTAL** | | | | | | | | | |  |  |  |
| AERIAL  APPLICATORS | Make and Model of Aircraft | Dates Flown (By Years) | | Pilot in Command | | Ag Time | | Pesticides | | Herbicides | | Seeds  Fertilizer | Total Last 12 Months |
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| **GRAND TOTAL** | | | | | | | | |  | |  |  |

**EDUCATION**

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| 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 (Including Chemical Claims)**

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| Have you ever been involved in any aircraft accident?  Yes  No If yes, explain all accidents. | | | | |
| **Location** | **Date** | **Make and Model of Aircraft** | **Registration Number of Aircraft** | **Probable Cause and Remarks** |
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| **Explain Circumstances if:**   1. If you have any: (a) physical impairments,   (b) waivers, limitations, or conditions on your medical certificate or on your pilot certificate   1. An FAA, Transport Canada or military pilot certificate held by you has ever been suspended or revoked 2. You have ever been cited for violation of any aviation regulation in any country 3. You have ever been convicted of or pleaded guilty to a felony or driving while intoxicated |

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| Name of Agent or Broker: |
| Address: |

**NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.**

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by and insurance broker who is acting on behalf of an insured.**

**NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.**

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

**NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.**

**NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.**

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

**NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**

**NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.**

**NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

**NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing and false, incomplete or misleading information is guilty of a felony. (365: 15-1-10, 36 S.S.**

**3613.1)**

**NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.**

**NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.**

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.**

**NOTICE TO UTAH APPLICANTS: Any person, who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WTHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WLL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 INSURER AGREES TO EFFECT THIS INSURANCE. |



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