Andrews Aviation Insurance

450 Armistice Boulevard  
Pawtucket, RI 02861



PILOT QUESTIONAIRE

|  |  |
| --- | --- |
| Name of Aircraft Owner: | |
| Name of Pilot: | Date of Birth: |
| Address: | |
| Pilot’s Occupation: | |
| Employer: | Date Employed: |

Check All Certificates and Ratings Currently Held

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 ( ) 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/Duel Instruction | | Total Time | Total Last 12 Months | Total Last 90 Days |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  | **Total Tailwheel**: **Total Single Engine**: | | | | | | |
| 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 |
|  |  |  |  | |  |  |  |
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|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  | **Total Retractable Gear**: **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 |
|  |  |  |  | |  |  |  |
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|  |  |  |  | |  |  |  |
|  | **Total Sea/Helo**: | | | | | | |
|  | **TOTAL ALL AIRCRAFT** | | |  | |  |  |

AIRCRAFT ACCIDENTS

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

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| --- | --- |
| Name of Agent or Broker: | Andrews Aviation Insurance |
| Address: | 450 Armistice Boulevard Pawtucket, RI 02861 |
| 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 herby 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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|  | RT Specialty  12404 Park Central Suite 380  Dallas, Texas 75251  Phone: 214-865-7200  Fax 214-855-7794 |