



OWNED/LEASED/OPERATED/CHARTERED AIRCRAFT QUESTIONNAIRE

Ceding Company: _____ Contact: _____ Date: _____

Insured: _____

Head Office Address: _____

AIRCRAFT INFORMATION

| Model, Type & # of Aircraft: (Indicate if there are floats/skis) | Age of Aircraft: | Engine: Single (s) Multi (m) Rotor (r) | Seating Capacity | | Average Number of Passengers/Crew per flight. | Hrs. of Use (Annual) | Geographical Destinations | Where is Aircraft Hangared |
|---|------------------|--|------------------|------------|---|----------------------|---------------------------|----------------------------|
| | | | Pass. Seats | Crew Seats | | | | |
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Coverage for Crew? _____ Yes _____ No

Is Aircraft Properly Certified for Flight? _____ Yes _____ No

Nature of Business: _____

Purpose of Flights: (i.e. Passenger Transportation, Geographical Survey etc.) _____

Does Aircraft Land at Proper Landing Facilities: (i.e. asphalt runways & operating control towers? If not, explain) _____

Are all Pilots Professional? (i.e. sole profession is as a pilot, is under age 60 and has logged a minimum of 1000 hrs. as pilot in command)

_____ Yes _____ No If no, Pilot information questionnaire must be completed.