



Industrial Aid Aircraft Reinsurance Questionnaire

**Please ensure ALL applications are signed & dated below.*

**Add additional rows for aircraft if required.*

Insured:	
Address:	

	Year	Make	Model	N Number	No. of Crew Seats	No. of Passenger Seats	Average No. of Passengers	Estimated Annual Hours	Purpose of Flights	Geographical Destinations	Owner of Aircraft
1)											
2)											
3)											
4)											
5)											

Do aircrafts land at proper landing facilities with asphalt runways & operating control towers? Y/N	
--	--

Loss experience for the past 10 years (date of accident, description, loss incurred)?	
--	--

Application completed by:	
Date completed:	