

## PILOT QUESTIONNAIRE

<b>NAME OF POLICYHOLDER/AIRCRAFT OWNER:</b>		
<b>NAME OF PILOT:</b>		<b>Date of Birth:</b>
Address		
<b>Present Employer</b>		<b>Date Employed:</b>
Address		<b>Position Held:</b>
<b>Previous Employers</b>	<b>Position</b>	<b>Dates</b>
Have you ever been discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain		

### PILOT CERTIFICATE AND RATINGS CURRENTLY HELD

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SINGLE ENGINE LAND	<input type="checkbox"/> CENTER LINE THRUST	<input type="checkbox"/> MECHANIC AIRCRAFT
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> SINGLE ENGINE SEA	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> MECHANIC POWER PLANT
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-ENGINE LAND	<input type="checkbox"/> TYPE RATING (Specify aircraft)	<input type="checkbox"/> INSTRUMENT RATING, OBTAINED BY
<input type="checkbox"/> AIRLINE TRANSPORT	<input type="checkbox"/> MULTIENGINE SEA		<input type="checkbox"/> FAA FLIGHT CHECK
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> HELICOPTER		<input type="checkbox"/> MILITARY INSTRUMENT CARD

<b>FAA Certificate No.</b>		<b>Date first certified as Pilot:</b>	
If student, (a) name of instructor or/FBO (b) airport at which instruction is given			
<b>Class of medical certificate held:</b>		<b>Date of last FAA physical examination:</b>	
Physical impairments, If any			
Waivers, limitations or conditions specified on medical certificate, if any			
<b>Date of last Biennial Flight Review?</b>	<b>Type of aircraft used</b>	<b>Date of last simulator instruction</b>	
<b>Biennial Flight Review conducted by?</b>	<b>How often?</b>		
<b>Make and model of aircraft on which approval is sought</b>			
Have you attended aircraft manufacturer's ground and flight training course or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Type of aircraft:</b>			
<b>Name of facility:</b>			
<b>Date:</b>			

**FLYING EXPERIENCE – LOGGED HOURS ONLY**

SINGLE ENGINE AIRCRAFT	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	TOTAL SINGLE ENGINE							
MULTI-ENGINE & JET AIRCRAFT	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	TOTAL MULTI-ENGINE							
SEAPLANES AND HELICOPTERS	Make and Model of Aircraft	Dates Flown (By Years)	Pilot in Command	Second in Command*	Dual	Total Time	Total Last 90 Days	Total Last 12 Months
	*Show Second in Command time only if Second in Command is required by aircraft type certificate or is Required by regulation under which flight is conducted							
<b>GRAND TOTAL</b>								

**EDUCATION**

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**

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

**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
2. An FAA, Transport Canada or military pilot certificate held by you has ever been suspended or revoked
3. You have ever been cited for violation of any aviation regulation in any country
4. You have ever been convicted of or pleaded guilty to a felony or driving while intoxicated

Name of Agent or Broker:

Address: 2079 S. Atlantic Blvd., Ste I, Monterey Park, CA 91754 or PO Box 227030, Los Angeles, CA 90022-0730

Broker  Agent DCI Insurance & Risk Services Bus: 888.457.4426 \* Fax: 323.576.4552 \* Email: contact@dci-insurance.com

Explanation:

**Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.**

**ARKANSAS AND LOUISIANA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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 agencies.

**DISTRICT OF COLUMBIA FRAUD WARNING:** 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.

**FLORIDA FRAUD WARNING:** 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 of the third degree.

**KENTUCKY FRAUD WARNING:** 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.

**MAINE FRAUD WARNING:** 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.

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

**NEW MEXICO FRAUD WARNING:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FRAUD WARNING:** 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that such person 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.

**OKLAHOMA FRAUD WARNING:** 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 any false, incomplete or misleading information is guilty of a felony.

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**PENNSYLVANIA FRAUD WARNING:** 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.

**TENNESSEE AND VIRGINIA FRAUD WARNING:** 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.

**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 \_\_\_\_\_ Pilot's Signature \_\_\_\_\_  
Policyholder's or 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.**