

Aviation Questionnaire

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Today's Date:		Agent:			
Full Name:		Male or Female?			
Height and weight:		Date of Birth:			
1.	. Do you hold a valid FAA Medical Certificate? If Yes: Class: Original issue dat				
2.	. Was the medical certificate issued under a special issuance or with any restrictions? Yes No If Yes: Special issuance Restriction For what condition?				
3.	. Do you hold a valid FAA Airman Certificate? Yes If Yes : a. What type: Student Sport Private Commercial				
	b. What class: Airplane Rotorcraft Glider Lighter than air	Powered lift Other			
	c. What rating: Single engine Multi-engine Sea Land				
4.	. What is the make and model of the primary aircraft the a. Make: Model:	nat you currently fly?			
	b. Who owns the aircraft listed above? If self, do you have a valid aircraft insurance policy? _Yes _ No				

- 5. Have you ever been in any aviation accidents; received any FAA safety violations? ___ Yes ___ No If Yes, provide details:
- 6. Flight time in hours:

Total Time	All aircraft	Primary aircraft	Hours of IFR flying	Military - primary aircraft	Rotorcraft	Glider
Pilot in						
Command (PIC)						
Instructor						
Last 24						
months						
Last 12 months						
Total Time						
Next 12 months						

7. Do you plan to fly a different aircraft within the next 24 months? __Yes __No

If Yes, What are the make(s) and model(s) of the aircraft you plan to fly?						
Make:	Model:	Anticipated date:				
Make:	Model:	Anticipated date:				

- 8. Within the next 24 months, do you plan that your future flying will be of a different nature, including aerobatic flight, stunt flying or racing? If Yes, provide details:
- 9. Crew members only:
 - a) Describe duties aboard the aircraft:
 - b) What is the make and model of the primary aircraft that you are a crew member of? Make: Model:
 - c) Flight time in hours: Last 24 months: Last 12 months: Total time: Next 12 months: