

P.O.Box 12058 Austin, TX 78711-2058 (800) 859-5995 FAX (800) 359-0650

## **AIRCRAFT OPERATIONS INFORMATION**

Name of business	Policy/Quote #
Address	
Description of business	
AIRCRAFT INFORMATION	
Year, make and model:	
Type: Single Engine (S), Multi-Engine (M), Rotor Wing (R)	Number of passenger seats
Location of base/hangar	
Typical annual flight hours	Usual destinations
Average # of employee passengers at any given time	Use: Business % Pleasure %
Is aircraft used for fire fighting, crop dusting, seeding, banner towir exploration, racing, endurance tests or stunt flying? Yes	ing, spraying, pipeline inspection, sky writing, power line inspecti No If yes, explain
PILOT INFORMATION	
Name of pilot in command	
Pilot Medical Certification:1st Class2nd Class	3 <sup>rd</sup> Class
Total flying hours	
Total hours in make and model listed above	Total flying hours within last 12 months
Pilot's age	
Full-time professional pilot? Yes No If not a full-time professional pilot, list job title and duties:	÷
Has pilot been involved in any aircraft incidents/accidents in the p If yes, discuss where, when and why the incident or accident	past 5 years? Yes No ident occurred:
Has pilot been convicted of any DWI offense in any motor vehicle If yes, explain	
Name of other pilot	
Pilot Medical Certification: 1st Class2nd Class	3 <sup>rd</sup> Class
Total flying hours	
Total hours in make and model listed above	Total flying hours within last 12 months
Pilot's age	
Full-time professional pilot? Yes No	:
Has pilot been involved in any aircraft incidents/accidents in the p If yes, discuss where, when and why the incident or accidentation	past 5 years? Yes No dent occurred:
Has pilot been convicted of any DWI offense in any motor vehicle If yes, explain	
Signature	Data