



11612 RM 2244, Ste. #1-200, Austin, TX 78738 Phone: (512) 708-0148 Fax: (512) 708-9486

Aircraft Questionnaire

Name of Business: _____

Aircraft Information:

Year: _____ Make: _____ Model: _____

Number of Total Seats: Crew: _____ Passengers: _____ Average # of Employees Per Flight: _____

Annual Number of Flights: _____ Annual Flight Hours: _____

Business Use: _____% Pleasure Use: _____%

Location of Hanger: _____

Geographic Limits of Flights Exposure: _____

Describe General Business Use of Aircraft: _____

Pilot Information:

Name of the Pilot: _____ Age of the Pilot: _____

Pilot Medical Certification: 1st Class 2nd Class 3rd Class

Licenses Held: _____

Check Rating of Pilot: IFR VFR None

Total Flying Hours in Listed Aircraft: _____ Total Flying Hours Within Last 12 Months: _____

Has the Pilot been cited for ANY violation or been involved in ANY aircraft accident? Yes No

If Yes, explain in detail: _____

