



Questionnaire for aviation insurance

1. Personal specifics policyholder/prospect

Name: _____
Address: _____
Profession: _____
Telephone: _____
E-mail: _____

2. Information on the aircraft

Type of aircraft: _____
Producer: _____
Factory number: _____
Registration mark: _____
Mtow: _____
Year of manufacture: _____
Number of seats of passengers _____ pilots _____
Homebase: _____

3. Purpose

- Private travel, sports and business flights
- Commercial passenger flights
- Commercial rental
- Towing – advertising banners, gliders
- Other Purpose (please in brief) _____
- Beginner schooling
- CPL/IFR training
- Application sport club

Pilot qualification and experience cf. pos. 9

Flying hours annual

- Up to 100
- Up to 200
- Up to 300
- Up to 500
- Over 500

Geographical scope

- Europe
- Worldwide, without USA

Purpose by:

- Named pilots (cf. pos. 9)
- Not named pilots



7. Previous insurance

Expiration of contract: _____

Policyholder (address): _____

Name of previous insurer: _____

Inception date: _____

8. Claims (policyholder, pilots, aircraft)

Year	Claims history	Claims amount EUR	Cause

9. Qualification and experience of pilots

Name of pilot	License	Flying experience, total hours	Flying experience on type (hours)
1.			
2.			
3.			
4.			
5.			

If there is no experience on type, where does the instruction take place: _____

Who carries out the instruction: _____

By not named pilots, please announce the minimum experience: _____