

# Dal-Tex Flyers Inc.

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## INSURANCE QUESTIONNAIRE

BY SIGNING THIS FORM, WHICH BECOMES A PART OF THE INSURANCE POLICY, YOU ARE CERTIFYING THAT THE INFORMATION HEREIN IS CORRECT AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE EXPLAIN ON REVERSE SIDE.

NAME OF PILOT: \_\_\_\_\_ PILOT D.O.B.: \_\_\_\_\_

RATINGS: STUDENT\_\_\_\_ PRIVATE\_\_\_\_ COMMERCIAL\_\_\_\_ ATP\_\_\_\_ TAIL\_\_\_\_

MULTI-ENGINE RATING\_\_\_\_ IFR\_\_\_\_ CFI\_\_\_\_ CFII\_\_\_\_

TOTAL LOGGED HOURS: ANY\_\_\_\_ C-182\_\_\_\_

TOTAL LOGGED HOURS LAST 12 MONTHS: ANY\_\_\_\_ C-182\_\_\_\_

TOTAL LOGGED HOURS LAST 90 DAYS: ANY\_\_\_\_ C-182\_\_\_\_

TOTAL LOGGED HOURS MULTI-ENGINE: \_\_\_\_\_

TOTAL LOGGED HOURS RETRACTABLE GEAR: \_\_\_\_\_

TOTAL LOGGED HOURS IFR: \_\_\_\_\_

DATE OF LAST MEDICAL: \_\_\_\_\_

DATE OF LAST BIENNIAL FLIGHT REVIEW: \_\_\_\_\_

1. HAVE YOU HAD ANY AVIATION ACCIDENTS OR LOSSES? Y or N

2. ANY WAIVERS, LIMITATIONS ON MEDICAL? Y or N

3. ANY VIOLATIONS EVER FILED AGAINST YOU? Y or N

4. EVER HAD A DWI OR FELONY CONVICTION? Y or N

5. ANY FLIGHTS OF THE AIRCRAFT OUTSIDE CON'T U.S.A.? Y or N

6. ANY LANDINGS AT OTHER THAN AREAS DESIGNATED AS AIRPORT? Y or N

SIGNATURE OF PILOT: \_\_\_\_\_ DATE: \_\_\_\_\_