



## RISK QUESTIONNAIRE

<b>Name of Insured:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Tel:</b>	
<b>Mobile:</b>	
<b>E-mail:</b>	
<b>Occupation:</b>	

Aircraft Make	Aircraft Model	Registration	Aircraft Value	Maximum Number of Passenger Seats	Estimated Utilisation (hours per annum per aircraft)

Pilots						
Name	Date of Birth	Total Fixed Wing Piston Flying Hours	Total Make & Model Flying Hours on Above Aircraft Type	Total Hours last 12 months	Make & Model Hours last 12 months	Licence / Ratings and Date(s) Obtained

Uses		
<b>Please describe exactly what the aircraft will be used for:</b>	Private Rental All forms of instruction Aerial Photography Commercial Passenger Carriage Aerobatics Air Displays Please list any other uses not stated above	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No

