



# INDUSTRIAL AID AIRCRAFT QUESTIONNAIRE

Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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Policy Term: \_\_\_\_\_ Geographical Limit of Flight Exposure: \_\_\_\_\_  
Primary Use of Craft (i.e. personnel transport, commercial, crop dusting, etc): \_\_\_\_\_  
Description of Craft(s) (i.e. make, model, #seats, #crew): \_\_\_\_\_  
Average # of Employees Per Flight: \_\_\_\_\_ Flight Hours Per Craft: \_\_\_\_\_

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#### Pilot(s) Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Type of License Held: \_\_\_\_\_ Career Hours: \_\_\_\_\_  
Flight Hours in Craft: \_\_\_\_\_ Est. Annual Hours Per Craft: \_\_\_\_\_

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Loss History: \_\_\_\_\_  
Limits Required: \_\_\_\_\_ Deductible: \_\_\_\_\_

I understand that the insured company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

**WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202**  
**www.wsibinsurance.com**

It is understood that the Insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted.