



INDUSTRIAL AID AIRCRAFT QUESTIONNAIRE

1. APPLICANT INFORMATION

Legal Name: _____ Doing Business As: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Website: _____ Contact Person: _____
 Policy Period Requested: _____ From: _____ To: _____

2. PILOT INFORMATION

Pilot's Name: _____ Date of Birth: _____
 Type of License Held: _____ Career Hours: _____
 Flight Hours in Craft: _____ Est. Annual Hours Per Craft: _____

Is the Pilot a full-time professional? Yes No Is a Co-Pilot utilized? Yes No
 Have any of the Pilot's License(s) been suspended? Yes No
 Have any of the Pilot's been involved in any aircraft accidents? Yes No
 Have any of the Pilot's been cited for FAA violations? Yes No

Type of Aircraft	Hours in the last 12 months	Total hours as Pilot in Command

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

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