

# Delta Aviation, Inc.

## Insurance Information

***Please print all information:***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pilot Certificate # \_\_\_\_\_

License Type \_\_\_\_\_ Ratings \_\_\_\_\_

Total Hours Flown \_\_\_\_\_ 172 Hours \_\_\_\_\_ 182 Hours \_\_\_\_\_

Hours flown last 12 months: 172 \_\_\_\_\_ 182 \_\_\_\_\_ Other \_\_\_\_\_

Date Medical is DUE \_\_\_\_\_ Date Flight Review is DUE \_\_\_\_\_

***Read the following questions carefully. All YES answers must be explained.***

Yes No Has the pilot named in this application ever been arrested for, or charged with, operating a motor vehicle or aircraft while under the influence of alcohol or drugs?

In the past 3 years, has the pilot named in this application,

Yes No 1. had any aircraft accident, claim, or had their pilot certificate surrendered, suspended, or revoked?

Yes No 2. had an automobile drivers license surrendered, suspended, or revoked?

Yes No 3. been convicted of, or plead guilty or no-contest, to a felony crime or misdemeanor other than a traffic violation?

Yes No 4. had an insurance company cancel, decline to insure, or refuse to renew their aircraft coverage?

Yes No 5. been involved in any aviation business including, but not limited to, sale or repair of aircraft, aircraft kits or plans, or providing pilot or flight instructional services?

Please explain any Yes answers fully: \_\_\_\_\_

\_\_\_\_\_

Signature and Date: \_\_\_\_\_