

Torus National Insurance

DATE MAILED: / /

POLICY NO:

EXPIRATION DATE: / /

AIRCRAFT RENEWAL QUESTIONNAIRE

NAMED INSURED:

PRODUCER:

Please note any change in ownership or registration of Insured Aircraft or any change in address of the Named Insured.

AIRCRAFT: Please provide the following updated information.

YEAR	MAKE	MODEL	F A A NUMBER	Hours Acft. Flown in Last Year	Total Hours Airframe	Total Hours Engine	Date Last Annual Inspection	Unpaid Lien Balance At Renewal	Amount Insurance Requested

		Yes	No
a. Aircraft principally based at:	Hangared?		
b. Any equipment added during preceding year?			
c. Any unrepaired damage to Aircraft upon renewal?			

If yes, please describe _____

USES: (Please describe fully) _____

PILOTS: Please update and complete for all pilots who will fly aircraft during the coming year.
Please attach ALL Training Certificates received in the past year.

PILOT'S NAME	Pilot Certificates and Ratings								FLYING HOURS AS PILOT IN COMMAND					Total Alaska Hours	Date Last B.F.R. (Mo./Yr.)	Date Last Medical (Mo./Yr.)	
	AGE	Pvt.	Com.	ATP	SEL	MEL	RW	IFR	SES	TOTAL AIRCRAFT LISTED ABOVE			ALL AIRCRAFT				
										Acft 1	Acft 2	Acft 3	Total				Last 12 mo.

* If more than six pilots, please continue list of ratings and breakdown of hours for each Aircraft on reverse.

COVERAGES: a) Liability _____ Quote as expiring b) Physical Damage _____ Quote as expiring c) Premises _____ Quote as expiring

Alternative Quotes:

HISTORY: During the preceding year:

	Yes	No
a. Has the insured Aircraft been involved in any accidents or suffered any physical damage?		
b. Have any pilots named above been involved in any accidents or operational incidents or cited for violations of FAR's?		
c. Have any of the pilots named above been convicted of a felony or driving recklessly or while impaired?		

If yes, please describe. _____

RENEWAL INSTRUCTIONS: _____ Please send renewal quote _____ Please allow to expire

REMARKS: _____

DATE: _____ Signature of Insured _____