

DELTA AVIATION FLYING CLUB
Insurance Form

Please print all information:

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Pilot Certificate # _____ MN Driver Lic # _____

License Type _____ Ratings _____

TOTAL HOURS _____ Constant Speed Prop _____

Cessna: 172 hrs _____ 182 hrs _____

Hours flown last 12 months: 172 _____ 182 _____ Other _____

Date Medical is DUE _____ Date Biennial is DUE _____

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

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 arrested for, or charged with, operating a motor vehicle or aircraft while under the influence of alcohol or drugs?

Yes No 4. been convicted of, or plead guilty or no-contest, to a felony crime or misdemeanor other than a traffic violation?

Yes No 5. had an insurance company cancel, decline to insure, or refuse to renew their aircraft coverage?

Yes No 6. 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 fully any Yes answers: _____

Signature _____ Date _____