

Policy Number _____

Date: ____/____/____

Crop Dusting Questionnaire

Name: _____

D.O.B. ____/____/____

1) How many hours have you flown as a licensed pilot? _____

2) How many hours of crop dusting have you flown? _____

3) How many hours per year do you dust crops? _____

4) What type of aircraft do you fly? _____

5) Was your aircraft manufactured to dust crops or has it been modified?
Manufactured Modified, How? _____

6) Do you dust crops for regular customers or is your work free-lance?
Regular Customers Free-Lance Both

7) What percentage of your work is on a one-time basis over unfamiliar property? _____%

8) Do you perform any specialty flying such as: water bombing, test flying, mapping, pipeline inspection, advertising, commercial photography, instructional, military flying or other specialty areas?
Yes No If yes, explain _____

9) Have you ever been involved in an accident, grounded or fined for violation? Yes No
If yes, details _____

10) Do you have a current authorization (FAA Permit) for crop dusting? Yes No
(If yes, please enclose a copy of permit)

11) Do you contemplate any change in your flying activities? Yes No
If yes, explain _____

I hereby declare that the above information is true to the best of my knowledge:

Insured's Signature: _____ Date: ____/____/____

Agent: _____ Agent Writing Number: _____

Agent Signature: _____ Date: ____/____/____