



# Lancair pilot insurance survey.

Please complete the form below and fax it back to 541-923-2255.

The purpose of this questionnaire is to build a database of information for all Lancair depositors/builders and Lancair pilots. This information will be used to determine if an affordable and dependable Lancair insurance "program" can be created and implemented for our customers. The information you provide is completely confidential and will not be disclosed to anyone other than Lancair and our insurance company. Please take the time to complete this form and send it back to Lancair. Your cooperation and assistance is greatly appreciated. **If other pilots will be flying your Lancair, please have them complete a separate form and fax back to us.**

NAME OCCUPATION AGE

ADDRESS

CITY STATE ZIP

DAYTIME PHONE FAX (OPTIONAL) E-MAIL

PILOT CERTIFICATE RATINGS/ENDORSEMENTS

TOTAL TIME TIME LAST 90 DAYS TOTAL LOGGED LANCAIR HOURS (ALL TYPES) TOTAL COMPLEX TIME TOTAL HIGH PERFORMANCE TIME

ACCIDENTS/INCIDENTS? DUIs?

INITIAL OR RECURRENT TRAINING IN THE LAST 12 MONTHS? IF YES, WHERE AND WITH WHO

LANCAIR MODEL OWNED IF FLYING, REGISTRATION (FAA) NUMBER

DATE PURCHASED DATE FINISHED (FIRST FLIGHT) OWNER PILOT NAME (IF DIFFERENT)

IS THIS A PARTNERSHIP? IF YES, PLEASE LIST PARTNER'S NAME(S)

ARE YOU CURRENTLY INSURED? IF YES, WHAT INSURANCE COMPANY (NOT AGENCY) IS YOUR LANCAIR HANGARED?

LIABILITY PREMIUM HULL PREMIUM EXPIRATION DATE

PLEASE LIST THE FLYING MAGAZINES YOU READ MOST OFTEN