

Return to - jim@uswolfe.com or Fax to 815-377-3556

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_