

RENEWAL QUESTIONNAIRE

Insured Information

Name of Applicant: **John J. Prickett** Occupation: Pilot
Address of Applicant: Telephone:
City, State, Zip: Double Oak, TX 75077 Email:
Memberships: AOPA #: EAA #: Other:

Aircraft Information

F.A.A. Cert. No.:	Year Built:	Make and Model:	Seats Incl. Crew:	Requested Insured Value:	Requested Liability Limit:	FAA Airport Identifier:
N877DM	1963	BEECH P35	4	\$	\$	KDTO

Aircraft is: ☒ Hangared ☐ Tied Out

Purpose of Use

Pleasure

Ownership Information

☒ Insured is Sole Owner ☐ Insured is subject to Lien ☐ Insured is Lessee ☐ Insured is Lessor
Lienholder Name (if applicable): Breach of Warranty Required: ☐ Yes ☐ No
Balance of Lien: \$

Pilot Information

Name of Pilot	Date of Birth	Certs/ Ratings	Date of Last Medical	Date of Last BFR	Total Logged Hours	Retract. Gear Hours	Tail Wheel Hours	Multi- Engine Hours	Make and Model Hours	Last 12 Months Hours
JOHN J. PRICKETT		ATP Comm MEL CFII	6/10/15	6/20/15	19010	18610	105	18080	195	939

Accidents, Incidents, Waivers, Violations, Suspensions, DUI or Felony Convictions for any pilots: ☒ Yes ☐ No
Violation of FAR 135.293a&b, 135.299, 135.343 December 1980. Civil Settlement.

REQUESTS FOR CHANGES TO CURRENT COVERAGE

none