

GFPA Annual Insurance Survey

Please complete the questions below, a simple no will work. If yes, please explain your response. Any questions, please contact Brian Prokuda at 866-548-9990. In addition, the deadline is **Friday December 30th, 2011**. **These forms can be faxed to 517-947-6051 or e-mailed to brian@kpspq.com. It is imperative that this be in by this date as it will impact our insurance renewals.**

1. Members full name and GFPA Account #:
2. Have you had any aircraft accidents, incidents or unreported claims: If yes, please describe.
3. Have you had within the past 12 months your pilot or drivers license surrendered, suspended, revoked or been arrested for or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol? If yes, please describe.
4. Certificate type?
5. Instrument rating?
6. High performance endorsement?
7. Complex endorsement?
8. Total retractable time?
9. Year first licensed?
10. Total time?
11. Total time last 12 months?
12. Instruction last 12 months?
13. Total time in C172
14. Total time in C182
15. Total time in PA28-181
16. Are you checked out in C172?
17. Are you checked out in C182?
18. Are you checked out in PA28-181?
19. Are you checked out in C182-RG?
20. AOPA Member?

Member Signature _____ Date _____