



Flight Training Facility Survey

Please provide the following information which will allow us to determine if the training your facility offers is acceptable for the purpose of fulfilling a policyholder's training requirements.

CONTACT INFORMATION

Name of Flight School or Training Facility: _____

Location (City, State, Airport): _____

Person to contact: _____

Phone number: _____ Email address: _____

Web site: _____

May we provide your contact information to our insurance producers and/or prospective policyholders?

YES, or **NO** - please check one box.

TRAINING PROGRAM

Makes and Models of aircraft for which you have a formal training program:

Please attach a complete copy of at least one training syllabus for our review.

Do you provide simulator training as part of your training program? If so, for which aircraft do you provide simulator training and what is the make & model of the simulator?

INSTRUCTORS

Please attach a copy of a Pilot History Form for each Flight Instructor who gives instruction on your behalf OR advise the MINIMUM qualifications you require for your instructors:

Do you require your instructors to receive any type of recurrent training? If so, what type and how often?

INSURANCE

Do you have non-owned aircraft insurance to cover you or your instructors while instructing in a customer's aircraft?

Limit of Aircraft Physical Damage (Hull) Insurance: \$ _____

Limit of Aircraft Liability Insurance: \$ _____

I, the undersigned, do warrant the above information to be true to the best of my knowledge:

Signature

Name (Chief officer/principal)

Title

Date

AEROSPACE INSURANCE MANAGERS, INC.