



HERMANN SONS LIFE

Crop Dusting Questionnaire

TO BE COMPLETED BY APPLICANT
PLEASE PRINT IN BLUE OR BLACK INK ONLY

Name _____ Date of Birth _____

1. Type of pilot certificate (please specify exact type)? _____
 - a. Date of issue? _____
 - b. Date of last renewal? _____
2. Total hours flown as a pilot? _____
3. Total agricultural hours (crop dusting)? _____
4. Type of plane flown (please check below and specify type)
 - a. Specially designed crop dusting plane (Piper Pawnee, Thrush, A.G. Wagon, Continental Helicopter, etc.) Yes No
 - b. Converted plane (bi-wing and upper wing, etc.) Yes No
 - c. Other (please specify type)? _____
5. Do you operate from more than one base during the year? Yes No
6. Location of base of operation:
 - a. Address _____
 - b. City/State/Zip _____
 - c. How long have you been operating from this location? _____
7. Location of previous base of operation?
 - a. Address _____
 - b. City/State/Zip _____
 - c. How long were you there? _____
8. Have you ever had an aircraft accident or been grounded, fined or reprimanded for violations of air regulations? Yes No
9. Additional details to any "yes" answers above:

I hereby agree that these changes shall be an amendment to and form a part of the original application and of any policy issued thereunder, and that such changes shall be binding on any person who shall have or claim any interest in such policy.

Signature of the Proposed Insured

Date

Witness