Aircraft Detailing / Cleaning Questionnaire

Submission Questionnaire — Please complete all applicable fields

BACKGROUND

Years of experience in aircraft cleaning/detailing:

Business type: ☐ Part-Time ☐ Full-Time

If part-time — other aviation experience:

Estimated gross annual receipts:

Physical address of operation:

City / State / ZIP:

Facility: ☐ Owned ☐ Written Lease ☐ On Airport ☐ Off Airport

OPERATIONS

Do you move aircraft? ☐ Yes ☐ No

If yes — describe how:

Aircraft types cleaned: ☐ Piston ☐ TurboProp ☐ Jet ☐ Helicopters

Aircraft cleaned per month: Estimated max aircraft valu

CLEANING VEHICLES

Vehicle(s) used for cleaning (list each):

Airport liability insurance on vehicles? ☐ Yes ☐ No

Operate non-owned vehicles on airport premises? ☐ Yes ☐ No

AIRCRAFT CLEANING / DETAILING

Areas cleaned: ☐ Exterior ☐ Interior ☐ De-Icing Boots / Anti-Ice System

Products used on boots / TKS system:

Wash method: ☐ Wet Wash ☐ Dry Wash

EPA-approved wash rack on site? ☐ Yes ☐ No ☐ N/A

Ceramic coating offered? ☐ Yes ☐ No

If yes — product info:

Cleaning apparatus used:

Power type: ☐ Cordless ☐ Corded ☐ Both

AIRCRAFT CLEANING / DETAILING (CONTINUED)

Extension cords used? ☐ Yes ☐ No

Power generators used? ☐ Yes ☐ No

If yes — generator type:

Cleaning materials / solvents used:

All solvents EPA-approved for aircraft use? ☐ Yes ☐ No

EMPLOYEES & TRAINING

Number of employees / co

Certifications held:

Training received by employees / contractors:

Training frequency:

Who conducts training?

CLAIMS HISTORY — PAST 5 YEARS

List all losses or claims related to your detailing operation over the past 5 years. Attach additional sheet if needed.

#	Date	Description of Loss / Claim	Amount ($)	Status
1				
2				
3				
4				
5				

CERTIFICATION & SIGNATURE

I certify that the information provided in this questionnaire is true, accurate, and complete to the best of my knowledge. I understand that misrepresentation may void coverage.

Name (Print):

Title:

Signature:

Date:

Company Name:

Phone:

Email Address: