



Questionnaire For: Aviation and Aeronautical

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
 Proposed Insured: _____ Date of Birth: ___/___/_____
 Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
 Amount of Coverage \$ _____ Product Type _____

1. Type of Flying:
- | | |
|---|--|
| Commercial (flying for pay) | Non-Commercial |
| <input type="checkbox"/> Scheduled Passenger Airline | <input type="checkbox"/> Pleasure |
| <input type="checkbox"/> Scheduled Air Taxi or Commuter | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Non-scheduled passenger or freight | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employer owned aircraft | <input type="checkbox"/> Military |
| <input type="checkbox"/> Student instruction | <input type="checkbox"/> Active |
| <input type="checkbox"/> Other | <input type="checkbox"/> National Guard or Reserve |

2. Number of hours flown (include all types and do not duplicate)

Commercial or Military*

	Year Before Last	Last Year	Estimate Next Year	Total Hours to Date	Date of Last Flight
Pilot					
Crew Member					
Student Pilot					
Other					

*If both, complete separate form to give Military hours

Non-Commercial

	Year Before Last	Last Year	Estimate Next Year	Total Hours to Date	Date of Last Flight
Pilot					
Crew Member					
Student Pilot					
Other					

3. Commercial and Non-Commercial

- (a) Type of certificate or license: Private Commercial Student
 (b) What ratings do you have? IFR ATR Other _____
 (c) Type of aircraft flown: _____

4. **Military** (also complete Military Supplement on other side)
 (a) Type of aircraft flown: Attack Bomber Fighter Helicopter
 Reconnaissance Transport Other _____
 (b) Primary duties if other than flying: _____
5. Have you or do you intend to fly an experimental, personally built or assembled, or prototype aircraft or aeronautical craft? Yes No
6. If you have discontinued flying within the past 2 years, do you intend to resume? Yes No
7. **Details** to any Yes answer above (give question no.) or **Additional Information**
7. If standard unrestricted coverage can not be issued and a choice is available, issue the policy with:
 an extra premium an exclusion rider. (Exclusion rider available only for regular aviation, not for avocational or other aeronautical activities.)
8. **Avocational and Other** – ballooning, gliding (regular, hang, motorized), kiting, parachuting, sky diving
 (a) in what activity(s) do you engage? _____
 (b) Do you belong to a national organization with regulations and safety standards?
 Yes No If yes, give name and your classification _____
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- (c) Do you instruct or fly or jump for pay or do exhibition or stunt flying or jumping?
 Yes No
- (d) Number of years of experience: _____
- (e) Date of last flight or jump: _____
- (f) Number of flights or jumps: _____ year before last
 _____ last year
 _____ estimated next year
 _____ total number