

Application #

Agent #



Aviation Questionnaire

Proposed Life Insured (Last name, First name, Middle name)

Date of Birth (mm/dd/yy)

1. Schedule of Flying

Flight Status	Number of Flight Hours				Destination (Frequent ones)
	2 to 3 years ago	1 to 2 years ago	Past 12 months	Past 12 months	
A. As Passenger on Scheduled Airlines					
B. As Passenger on non-Scheduled Flight					
C. As Member of the Crew (not included in the next)					
D. As a Pilot, Co-pilot, or Student Pilot					

2. Details of Flight for Letters B and C above.

Purpose/s of Flight:	Kind of Aircraft/s used?
Do you contemplate taking instruction as a pilot?	For letter C, describe your duties?

3. Details of Flight for letter D above.

Grade of Certificate:	Certificate's issue date:
Purpose/s of flight/s:	Total No. of hours flown as a pilot:
Have you ever been grounded, fined, reprimanded for violation of air regulations or has an aircraft accident? If yes, please give details	

*Please attach copy of certificate for review

Description of Aircraft (write no. of hrs. in each box)	Glider	Single Engine	Two Engine	Helicopter	Others:	Others:
Past 12 months						
Next 12 months						

Type of Flying	Hours Flown		Type of Flying	Hours Flown	
	Past 12 months	Next 12 months		Past 12 months	Next 12 months
Scheduled Airline			As Flight Instructor		
Air Carrier			Private Pleasure		
Employer-own business transportation			Private-business Aerial Application		

For Military Services	Details
Rank (specify if active or reserve)	
Command	
Unit	
What type of aircraft do you fly?	

4. Additional Questions

How long have you been flying?
Do you fly with partners? How many and how often?
Have you ever suffered any illness or injury as a result of flying?

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree they shall form a part of my application and become part of any contract of insurance issued in consequence of such application.

Dated at _____ this _____ day of _____, 20 _____.

Signature over Printed Name of **WITNESS**

Signature over Printed Name of **PROPOSED LIFE INSURED**