

Aviation Questionnaire

Name _____ Sex **M** **F** Date of Birth _____

Height _____ Weight _____ Smoker? **Y** **N** State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

Do you have a current valid pilot's license? **Y** **N** Type, Grade or Class _____

Date last renewed _____ Date of expiration _____

Has flying activity ended? **Y** **N** If Yes, When _____

Date of last flight as pilot or student pilot? _____

Do you have and maintain instrument flight rating **Y** **N** Total hours solo experience? _____

Have you ever been grounded, fined or reprimanded, or had your license revoked for aviation violations? **Y** **N**

If Yes, please explain _____

Do you have any restrictions, medical or otherwise on your license? **Y** **N**

If Yes, please explain _____

Are you a paid pilot? **Y** **N** If Yes, please explain activity _____

Type of aircraft flown or flown in? _____

Over what areas are flights made? _____

Do you serve as crew member only? **Y** **N**

If so, what are your duties aboard aircraft? _____

Are you, or have you been a pilot or crew member of any of the following: (circle those that apply)

Military Service National Guard Active Reserve Student

Date of last flight in military aircraft? _____

Do you do any crop treatment work? **Y** **N** Type of work? _____

Type of plane? _____ Type of spray, dust or other material used? _____

If a pilot or crew member, please answer all appropriate questions below: Passengers only need not respond.

Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months	Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months
Private flying, pleasure				Forestry, traffic control Fish and game			
Private flying, business				Inspection – pipe, power, etc			
Scheduled airline				Experimental			
Non-scheduled airline				Testing			
Company owned plan Operating standard same as: --- Scheduled airline --- Other				Glider or sailplane --- Powered or --- Non-powered			
Instructing				Stunting			
Student				Racing			
Photography				Helicopter			
Crop Treatment				Other (describe fully)			
Charter, sight-seeing, air taxi							

If necessary to modify policy because of aviation, which do you prefer?

Full coverage including aviation activities at an appropriate extra premium? _____

Policy to be issued excluding coverage for aviation activities? _____

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____ Date _____