

Aviation Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	Gender	Height	Weight	Marital Status
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped		Current User
		Date Stopped		Type Used
Type of Coverage	Term	UL	Survivor	Amount \$

Essential Information

1	What type of pilot license do you now have?	<input type="checkbox"/> Student <input type="checkbox"/> IFR <input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> ATR <input type="checkbox"/> Private	Date Obtained
2	Date of last FAA medical exam	Total number of solo hours flown as a pilot:	Date of last flight:	
3	What type(s) of aircraft do you fly	Make and Model and Seating Capacity		
	<input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Jet <input type="checkbox"/> Piston	<input type="checkbox"/> Turboprop <input type="checkbox"/> Single Engine	<input type="checkbox"/> Multi Engine
4	Have you flown or in the next 12 months do you intend to fly a balloon, sailplane, prototype, experimental, ultralight or personally built or assembled aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please describe:			
5	Have you ever had an aircraft accident, or been grounded, fined, reprimanded, or had your license revoked for violation of air regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please describe:			

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Hours as a pilot, co-pilot, or other crew member:		Total to Date	Next 12 Months	Last 12 Months	1-2 Years Ago
Not Flying For Pay	Pleasure				
	Personal Business Transportation				
	Instruction as a student				
Flying For Pay	Scheduled passenger airline				
	Non-scheduled airline, charter				
	Freight transportation				
	Employer owned aircraft for employee travel				
	Instructor				
	Crop dusting, seeding, or aerial spraying				
	Active duty (military)				
	Nation Guard or Reserve				

7	Additional Details:	
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