



Aviation Questionnaire

Agent: _____ **Phone:** _____ **Fax:** _____
Client: _____ **DOB :** _____ *Male* *Female*
Product/Face Amount: _____ **Height:** _____ **Weight:** _____

* **TOBACCO/NICOTINE USE (past or present):** **YES****** **NO**

***Please provide details as to any past or present use of tobacco or nicotine products, including type of use, duration & frequency of use, date quit, etc.:

* **AVIATION ACTIVITY PROFILE:**

1. Type of license currently held:

Student Recreational Private Commercial Airline Transport

2. Do you hold a valid instrument rating? Yes No

If Yes, date of IFR certification: _____

3. Total number of hours flown in command _____ hours

4. Number of annual hours flown as pilot or crew:

Last 12 months _____ hours

Last 12-24 months _____ hours

Expected to fly in next 12 months: _____ hours

5. Date of last flight Month _____ Day _____ Year _____

6. Purpose of current flying (check all that apply):

Pleasure Business Commercial Military Other:

Details:

7. Will you be changing any of your flying activities in the future? No Yes

If Yes, provide details:

8. What, if any, military service, or military connection do you have?

a) If crew member, provide job title:

b) Your duty assignments FLOGS MATS SAC

c) Year, make and model of aircraft flown:

d) Total hours in military aircraft _____ hours

9) Have you flown or do you anticipate flying an experimental/homebuilt aircraft?

No Yes – If Yes, is the aircraft FAA certified? No Yes

Details:

10) Do you engage in any of the following types of aviation activities? *(check all that apply)*.

Charter	Freight Transport	Crop Dusting	Instruction
Test	Survey	Sight Seeing	Aerobatics
Mapping	Other – Provide details:		

11) Medical Certificate: Class I Class II Class III

12) Date of last renewal: Month _____ Day _____ Year _____

13) Has your medical certificate ever been denied? No Yes

 If Yes, provide details:

14) Have you ever had an accident, been grounded or fined for violating FAA regulations?

 No Yes

 If Yes, provide details:

15) If required, would you accept: Extra premium ? Aviation Exclusion Rider?

16) Have you been previously declined, postponed or rated for life coverage due to aviation activities, abnormal medical findings/conditions, and/or non-medical issues? If so, please outline the circumstances in detail. Include date(s), carrier(s) and status of prior submission (formal application vs. informal/trial submission)

17) Are there any other factors or information you consider important in evaluating an application for life insurance?