

AVIATION QUESTIONNAIRE

1. AGENT'S NAME: _____ DATE: _____

2. PROPOSED INSURED NAME: _____

3. AGE/D.O.B.: _____ 4. NON-TOBACCO / SMOKER / OTHER TOBACCO: _____

5. AMOUNT OF INSURANCE DESIRED: _____ 6. PLAN: _____

7. HOURS FLOWN AS PILOT OR COPILOT							
Commercial (flying for pay)	Contemplated Next 12 mos.	Past 12 mos.	12-24 mos. ago	Non-commercial (not flying for pay)	Contemplated Next 12 mos.	Past 12 mos.	12-24 mos. ago
Scheduled Passenger Airlines				Pleasure			
Employer Owned Aircraft				Personal Business Transportation			
Nonscheduled or Charter				Instruction as Student			
Student Instruction				Military (<i>Complete Military Flying Section Below.</i>)			
Exhibition or Stunt Flying				Other (specify):			
Other (specify):				Other (specify):			

8. TOTAL LOGGED HOURS IN PROPOSED INSURED'S LIFETIME: _____

9. LICENSING, RATING, AND FAA MEDICAL INFORMATION:

a. Certificate License: Student: Date first obtained student pilot's cert. (Mo/Yr) _____

Commercial: _____ ATR: _____ Other: _____

b. Do you have an Instrument Flight Rating (IFR?) YES: _____ NO: _____ Other ratings? _____

c. Class of FAA medical certificate held: _____ Date of last FAA medical exam: _____

d. Does your medical cert. specify any limitations? If "Yes," explain in "Remarks." YES: _____ NO: _____

10. CIVILIAN FLYING: (Explain all "Yes" answers in "Remarks" section below.)

a. Do you use other than public airports?..... YES: _____ NO: _____

b. Have you flown or do you intend to fly outside the U.S.A?..... YES: _____ NO: _____

c. Have you flown or do you intend to fly a prototype, experimental, or personally built aircraft, rotorcraft, balloon or glider?..... YES: _____ NO: _____

d. If an aerial applicator, is aircraft specifically built for aerial application? If "Yes" give make, model and year of this aircraft in "Remarks."..... YES: _____ NO: _____

e. Have you engaged in or do you contemplate engaging in any kind of flying not indicated above? YES: _____ NO: _____

11. MILITARY FLYING:

a. Name of military organization? _____

b. Are you a pilot? If "No," specify capacity in which you fly in "Remarks."..... YES: _____ NO: _____

c. Type of aircraft flown: _____

d. How long have you been flying in this kind of aircraft? _____

e. Date of last flight: _____ Do you fly for proficiency only? YES: _____ NO: _____

12. COVERAGE PREFERENCE: If given a choice of the following, which ONE option would you prefer:

a. Pay additional premium for coverage unrestricted by aviation activities? YES: _____ NO: _____

b. **-OR-** Aviation exclusion included to exclude coverage for aviation activities? YES: _____ NO: _____

13. REMARKS: (Identify applicable item number and letter)
