

Aviation Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
 Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
 Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
 Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
 Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
 Maximum Premium Tolerance Per Year: _____
 Has Client Ever Used Any Form Of Nicotine? No Yes
 Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
 Frequency: _____ Date Last Used _____
 Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Do you hold a valid FAA Medical Certificate? Yes No
 If yes: a. what class: _____ Original Issue date: _____ Date of last FAA medical exam: _____
 b. Was the medical certificate issued under a special issuance or with any restrictions? Yes No
 If Yes: Special issuance Restriction for what condition: _____

- 2) Do you hold a valid FAA Airman Certificate? Yes No
 If yes:
 A. What type: Student, date obtained: _____ Sport Recreational Private Commercial
 Airline Transport Flight Instructor Other: _____
 B. What class: Airplane Rotorcraft Powered lift Glider Lighter than air
 Other: _____
 C. What rating: Single Engine Multi-Engine Instrument Flight Sea Land
 Other: _____

- 3) How long have you held you pilot license? _____
 4) What type of aircraft have you flown in the past 36 months?

Make	Model	Year Built	Hours	Who Owns Aircraft

What type of aircraft do you intend to fly in the next 24 months? Provide the number of hours expected.

Make	Model	Year Built	Hours	Who Owns Aircraft

If self-owned, do you have a valid aircraft insurance policy? Yes No

- 5) Have you ever had any flying related accidents, been grounded, fined, reprimanded, or had your license revoked for violation of air regulations? Yes No If yes; provide details

 6) Have you ever flown a balloon, sailplane, prototype, experimental aircraft, gliders, hang gliders, ultralights, and personally built or assembled aircraft or do you intend to do so in the next two years? Yes No If yes; provide details

 7) Have you participated or do you plan to participate in air shows? Yes No If yes;
 When? _____ Where? _____
 Any additional relevant information?

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 Phoenix, Arizona 85016
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 F: 602-494-0500



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8) Do you fly outside the United States or plan to in the future? Yes No If yes; provide details _____

9) Do you fly for pay? Yes No If yes; in what capacity? _____

10) Total hours solo experience? _____

Date of last flight? _____

Flight Hours:

Type	Pilot	Crew	Hours Past 12 Mo.	Hours Past 12-24 mo.	Hours Est. Next 12 Mo.	Type of Aircraft
Pleasure, private flying						
Business, private flying						
Scheduled airline						
Non-scheduled airline						
Company-owned plane						
Instructional						
Forestry, traffic control, fish and game						
Inspection – pipe, power, etc.						
Experimental, testing						
Charter, sight-seeing, air taxi						
Crop treatment						
Helicopter						
Photography						
Stunting, racing						
Glider, sailplane, ultralight						
Skydiving, parachuting						
Active Duty (Military)						
National Guard or Reserve						
Aerobatic						
Other						

11) Are you or have you served as of member of the Military? Yes No If yes; What Branch? _____ Active or Reserve Pilot or Crew Member Date of last flight in military aircraft? _____

CREW MEMBERS ONLY

12) Do you fly as a crew member? Yes No If Yes; Describe duties aboard the aircraft: _____ What is the make and model of the primary aircraft that you are a crew member of? Make: _____ Model: _____ Flight time in hours: Last 24 months: _____ Last 12 months: _____ Total time: _____ Next 12 months: _____

13) Please indicate any additional relevant information: _____

Please use additional pages if needed



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