

AVOCATION QUESTIONNAIRE: AVIATION

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term UL IUL WL VUL Survivorship

Face Amount: _____ Premium Tolerance: _____

Hours Flown as a Pilot or Copilot				
Commercial (Flying for Pay)	Next 12 Months	Past 12 Months	12-24 Months Ago	Total Lifetime Hours
Scheduled Passenger Airlines				
Employer Owned Aircraft				
Nonscheduled or Chartered				
Crop Dusting/Aerial Spraying				
Student Instruction				
Exhibition/Stunt Flying				
Other (Specify)				
Total Logged Hours				

Hours Flown as a Pilot or Copilot				
Non-Commercial (Not for Pay)	Next 12 Months	Past 12 Months	12-24 Months Ago	Total Lifetime Hours
Pleasure				
Personal Business Transport				
Instruction as Student				
Military				
Other (Specify)				
Total				

Certificate License

Student: Date first obtained student pilot's certificate _____

Private: Date first obtained private pilot's license _____

Commercial: Date first obtained commercial pilot's certificate: _____

ATR _____

Other (Specify) _____

Does the client have an instrument flight rating? No Yes

Other Ratings: _____

Class of FAA medical certificate held: _____ Date of last FAA Exam: _____

Civilian Flying

Does the client use airports other than public airports? No Yes

If yes, please provide details: _____

Has the client flown or do they intend to fly outside the US? No Yes

If yes, please provide details: _____

Has the client flown or intend to fly prototype, experimental, or personally built aircraft, rotocraft, balloon or glider?

No Yes If yes, please provide details: _____

If an aerial applicator, does the client fly an aircraft specifically and primarily built for aerial application (new generation aircraft)? If yes, provide details including make, model and year of the aircraft and % of application done in aircraft.

No Yes _____

Has the client engaged in or do they contemplate engaging in any kind of flying not listed? No Yes

If yes, please provide details: _____

Military Flying

Name of Military Organization: _____

Is the client a pilot? No Yes

If no, specify capacity in which the client flies: _____

Type of Aircraft Flown: _____

How long has client been flying this kind of aircraft? _____

If less than one year, specify aircraft previously flown: _____

Date of Last Flight: _____

Does the client fly for proficient only? No Yes

If yes, provide number of hours on proficiency flying per year: _____

If given a choice of the following, which would the client prefer:

Pay additional premium for coverage unrestricted by aviation activities?

Have an aviation exclusion included in the policy to exclude coverage for aviation activities

Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____

