



Aviation

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

| Hours flown as a pilot or copilot | | | |
|-----------------------------------|---------------|----------------|-------------------------|
| Type of flying | 1-2 years ago | Last 12 months | Estimate next 12 months |
| Student | | | |
| Private | | | |
| Scheduled Passenger Airline | | | |
| Full-time Company | | | |
| Non-Scheduled or Charter | | | |
| Crop Dusting or Aerial Spraying | | | |
| Student Instruction | | | |
| Military | | | |
| Other (describe) | | | |

Total logged hours _____ Date of last flight _____

Type of licenses Student Private Commercial ATP Other _____

Do you have an Instrument Flight Rating (IFR)? Yes No

Types of Aircraft

Civilian

- Prop or jet
- Helicopter
- Hot air balloon
- Glider
- Experimental
- Other _____

Military

- Fighter
- Bomber
- Transport or Cargo
- Other
- Helicopter
- Reconnaissance
- Experimental



Aviation

Describe any unusual aviation activity _____

| |
|---|
| Civilian flying |
| Has the client flown or do they intend to fly outside the US <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details |

| | |
|--|---|
| Military flying | |
| Name of military organization | |
| Is the client a pilot <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify capacity in which the client flies | |
| Type of aircraft flown | How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown) |
| Date of last flight | Does the client fly for proficient only <input type="checkbox"/> Yes <input type="checkbox"/> No 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