

# Aviation Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Please check the type of certificate of license currently held:	<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Other:
Date of issue:	
Date of last renewal:	
Date of last flight as a pilot or crew member:	
Do you have an Instrument Flight Rating (IFR):	
Class of FAA medical certificate held:	
Date of last FAA medical examination (month/year):	
Type of aircraft:	
Have you ever done or contemplate doing the following: (Please CIRCLE)	<input type="checkbox"/> Instruction of students <input type="checkbox"/> Stunt Flying <input type="checkbox"/> Racing <input type="checkbox"/> Helicopter Flying <input type="checkbox"/> Glider Flying <input type="checkbox"/> Test Flying <input type="checkbox"/> Ultra Light Flying
Other information:	

**Please return the completed form to your financial professional.**

All quotes are tentative, and are NOT BINDING, and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process itself.

## SCHEDULE OF HOURS FLOWN AS A PILOT, CO-PILOT OR CREWMEMBER:

TYPE OF FLYING:	TOTAL HRS TO DATE	PAST 12 MOS	2-3 YRS AGO	CONTEMPLATED NEXT 12 MOS
STUDENT:				
INSTUTOR:				
PRIVATE:				
BUSINESS OR EMPLOYER: <small>(NOT FOR HIRE)</small>				
NON-SCHEDULED AIRLINE, CHARTER:				
CRCP DUSTING, SFFDING, SPRAYING:				
NATIONAL GUARD OR RESERVE:				
ACTIVE DUTY: <small>MLITARY</small>				
BALLOON (HOT AIR) OR OTHER: <small>GIVE DETAILS:</small>				

Space for details. Identify question number and give full details:


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