

# 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)

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