

AVOCATION QUESTIONNAIRE: AVIATION

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never
 Former Date Stopped: _____
 Current 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: _____

