

Aviation Questionnaire

Agent Name: _____

Phone #: _____

1. Proposed Insured

a. Full Name _____

b. Date of Birth (Mo. Day Yr.) _____

2. Hours Flown as PILOT or COPILOT

Total Hours Flown: _____

Non-Commercial Hours (Not Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago	Commercial Hours (Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
Pleasure				Scheduled Passenger Airlines			
Personal Business Transportation				Employer Owned Aircraft			
Instruction as Student				Nonscheduled or Charter			
Military (Complete Section 5. Below)				Crop Dusting or Aerial Spraying (Answer Question 4.d. Below)			
Other (Specify):				Student Instruction			
				Exhibition or Stunt Flying			
				Other (Specify):			

3. Licensing, Rating, and FAA Medical Information

a. Certificate License: Student: Date first obtained Student Pilot's Certificate (Mo/Yr) _____ b. Do you have an Instrument Flight Rating (IFR)? Yes No
 Private Commercial ATR Other (Specify): _____

c. What Other Ratings Do You Have? _____

d. Class of FAA Medical Certificate Held: _____

e. Date of Last FAA Medical Exam: _____

f. Does your FAA medical certificate specify any operational limitation or any limit on duration? If "Yes," explain in **REMARKS**. Yes No

4. Civilian Flying (Explain "Yes" answers in REMARKS.)

a. Do you use other than public airports? Yes No

b. Have you flown or do you intend to fly outside the United States? 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, do you fly an aircraft specifically and primarily built for aerial application (New Generation Aircraft)? If "Yes," give make model and year of this aircraft and percentage of application done in this aircraft in **REMARKS**. Yes No

e. Have you engaged in or do you contemplate engaging in any kind of flying not indicated above? If "Yes," explain in **REMARKS**. Yes No

5. Military Flying

a. Name of Military Organization:	b. Are you a pilot? If "No," specify capacity in which you fly. <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Type of Aircraft Flown:	d. How long have you been flying in this kind of aircraft? (If less than one year, also specify aircraft previously flown.)
e. Date of Last Flight (Mo. Day Yr.)	f. Do you fly for proficiency only? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give number of hours of proficiency flying per year.

6. Coverage Preference (Select Only One)

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

Pay additional premium for coverage unrestricted by aviation activities

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

7. REMARKS (Identify applicable item number and letter.)