



AVIATION QUESTIONNAIRE
TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: \_\_\_\_\_ DOB: \_\_\_\_\_
MM/DD/YYYY

Check Type of Flying done in the last 5 years:

A) Civilian Aviation
Pleasure Non-Scheduled/Charter
Student Testing or Experimental
Business Glider
Flight Instructor Crop Dusting
Scheduled Airline Stunt
Helicopter Other \_\_\_\_\_

B) Military Aviation
Fighter / Interceptor MAC / AMC
Reconnaissance (Military Air Command)
Attack Bomber Testing or
Transport / Cargo Experimental
Helicopter
Other \_\_\_\_\_

- 1) Type of License you hold: \_\_\_\_\_ Date of license or certificate: \_\_\_\_/\_\_\_\_/\_\_\_\_
2) Total Solo or Pilot Hours: \_\_\_\_\_ Date of last flight: \_\_\_\_/\_\_\_\_/\_\_\_\_
3) Do you currently have your IFR (Instrument Flight Rating) or ATP (Airline Transport Pilot) certificates? [ ] Yes [ ] No
4) Have you ever been disqualified for any type of certificate for medical reasons or been grounded or reprimanded for violations of regulations? [ ] Yes [ ] No If yes, provide details: \_\_\_\_\_

5) Please complete the type of aircraft, number of hours to be flown, and past hours flown. Indicate "None" if not applicable.

Table with 5 columns: Type of Flying, Type of Aircraft, Next 12 Months, Last 12 Months, Last 1-2 Years. Rows include Non-Commercial (Pleasure, Business, Student), Commercial (Scheduled Passenger Airline, Employer Owned Aircraft, Crop Dusting, Non-Scheduled/Cargo, Student instruction, Aircraft Repair Flying), Military Flying, and Other.

6) Do you plan to fly out of the U.S. or Canada or use non-regulated landing areas? [ ] Yes [ ] No If yes, provide details: \_\_\_\_\_

I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_
If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery