



financial life

A Fraternal Benefit Society

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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
(Military Air Command)

Reconnaissance Testing or
Experimental

Attack Bomber

Transport / Cargo

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.

Type of Flying	Type of Aircraft	Next 12 Months	Last 12 Months	Last 1-2 Years
NON-COMMERCIAL (NOT FOR PAY)				
Pleasure				
Business				
Student				
COMMERCIAL (FLYING FOR PAY)				
Scheduled Passenger Airline				
Employer Owned Aircraft				
Crop Dusting / Aerial Spraying				
Non-Scheduled / Cargo				
Student instruction				
Aircraft Repair Flying				
MILITARY FLYING				
Military (including National Guard)				
OTHER				
Please describe:				

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. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. 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