

Client Name: _____ Client D.O.B.: _____ Agent Name: _____

Yes No

1. Has flying activity as a pilot or crew member ended? If Yes, date of last flight _____
Expiration date of license _____

Activity as a pilot:

2. Pilot license number _____ Type, grade or class _____
Date issued _____ Date last renewed _____ Expiration date _____
Describe medical or other license restrictions _____

3. Total hours solo experience _____

4. Date of last flight _____ pilot student pilot

5. Over what areas are flights made? _____

6. Have you ever been grounded, fined, reprimanded, or had your license revoked for aviation violations? Yes No
If Yes, explain _____

7. Do you own an aircraft? If yes, make _____ model _____ Home built? Yes No

8. Have you participated, or do you plan to participate in air shows? Yes No
If Yes, when? _____ where? _____

9. Do you have and maintain instrument flight rating (IFR)? Yes No

Military-related flying:

10. Are you, or have you served as, a member of the Yes No
 Army Navy Marines Coast Guard National Guard
 Active Reserve Pilot Crew member
Date of last flight in military aircraft? _____

Business-related flying as a paid pilot or crew member or personal flying:

11.

Type	Pilot	Crew	Hours Past 12 Mo.	Hours Past 12-24 Mo.	Hours Est. Next 12 Mo.	Type of aircraft
Private flying, pleasure						
Private flying, business						
Scheduled airline						
Non-scheduled airline						
Company-owned plane						
Instructional						
Forestry, traffic control, fish and game						
Inspection - pipe, power, etc.						
Experimental, testing						
Charter, sight-seeing, air taxi						
Crop treatment						
Helicopter						
Photography						
Stunting, racing						
Glider, sailplane, ultralight						
Skydiving, parachuting						
Military aircraft						

The above information is for underwriting purposes only and will not be made part of any contract.