

Aviation Questionnaire

Producer Name: _____ **Contact Phone:** _____

Client Name: _____ Age: _____ DOB: _____

Sex: _____ Height: _____ Weight: _____

Client's Premium Tolerance (what do you need in order to place the case)? [required]

Any Tobacco/Nicotine Use in the Past 5yrs? Yes No If Yes, Type/Frequency/Date Last Used? _____

Face Amount: _____ Product: _____

Any Parent or Sibling Diagnosed with Cancer, Heart Disease, Stroke, Kidney Disease or Diabetes? Yes No

If Yes, Provide Age at Diagnosis, Age at Death, or Age if Still Living: _____

If Your Client Has an Aviation Avocation, Please Answer the Following:

1. Does Your Client Hold a Valid FAA Medical Certificate? Yes No

If Yes : a. What Class: _____ Original Issue Date: _____ Last FAA Medical Exam Date: _____

b. Was the Medical Certificate Issued Under a Special Issuance or With Any Restrictions? Yes No

If Yes : Special Issuance Restriction For What Condition? _____

2. Does Your Client Hold a Valid FAA Airman Certificate? Yes No Certificate/License Number: _____

If Yes : a. What Type: Student Sport Recreational Private Commercial Airline Transport

b. What Class: Airplane Rotorcraft Powered Lift Glider Lighter than Air Other

c. What Rating: Single Engine Multi-Engine Instrument Rating Sea Land Other

3. a. What is the Make and Model of the Primary Aircraft that Your Client Currently Flies?

Make: _____ Model: _____

b. Who Owns the Aircraft Listed Above? _____

c. If Self, Does Your Client Have a Valid Aircraft Insurance Policy? _____

4. Total Hours as Pilot in Command: _____ Date of Last Flight: _____

5. Over What Areas are Flights Made? _____

6. Has Your Client Ever Been Grounded, Fined, Reprimanded, or Had Their License Revoked for Aviation Violations? Yes No

If Yes, Explain: _____

7. Does Your Client Use Other Than Public Airports: Yes No If Yes, What Types: _____

8. Has Your Client Flown or Does Your Client Intend to Fly Outside the United States? Yes No If Yes, Where? _____

9. Has Your Client Flown or Does Your Client Intend to Fly a Prototype, Experimental, or Personally Built Aircraft, Rotorcraft, Balloon, or Glider? Yes No

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10. If an Aerial Applicator, Does Your Client Fly an Aircraft Specifically and Primarily Built for Aerial Application (New Generation Aircraft)? Yes No

If Yes, Give Make, Model and Year of this Aircraft and Percentage of Application Done in this Aircraft.

11. Has Your Client Engaged In or Does Your Client Contemplate Engaging in Any Kind of Flying Not Indicated Above? Yes No
If Yes, Please Give Details:

12. Hours Flown as PILOT or COPILOT

Commercial (Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
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	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
Scheduled Passenger Airlines			
Employer Owned Aircraft			
Nonscheduled or Charter			
Crop Dusting or Aerial Spraying			
Student Instruction			
Exhibition or Stunt Flying			
Other (Specify):			

Non-Commercial (Not Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
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	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
Pleasure			
Personal Business Transportation			
Instruction as Student			
Military			
Other (Specify):			

