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## AVIATION QUESTIONNAIRE

(1) Agent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Proposed Insured Name: \_\_\_\_\_

(3) Age / D.O.B.: \_\_\_\_\_ (4) Non-Tobacco / Smoker / Other Tobacco: \_\_\_\_\_

(5) Amount of Insurance Desired: \_\_\_\_\_ (6) Plan: \_\_\_\_\_

**(7) Hours flown as pilot or copilot**

Commercial (flying for pay)	Contemplated Next 12 mos.	Past 12 mos.	12-24 mos. ago	Non-commercial (not flying for pay)	Contemplated Next 12 mos.	Past 12 mos.	12-24 mos. ago
Scheduled Passenger Airlines				Pleasure			
Employer Owned Aircraft				Personal Business Transportation			
Nonscheduled or Charter				Instruction as Student			
Student Instruction				Military (Complete Military Flying Section Below)			
Exhibition or Stunt Flying				Other (specify):			
Other (specify):				Other (specify):			

(8) Total logged hours in proposed insured's lifetime: \_\_\_\_\_

**(9) Licensing, rating, and FAA medical information:**

- a. Certificate License: Student: Date first obtained student pilot's cert. (Mo/Yr): \_\_\_\_\_  
Commercial: \_\_\_\_\_ ATR: \_\_\_\_\_ Other: \_\_\_\_\_
- b. Do you have an Instrument Flight Rating (IFR?) Yes  No  Other ratings? \_\_\_\_\_
- c. Class of FAA medical certificate held: \_\_\_\_\_ Date of last FAA medical exam: \_\_\_\_\_
- d. Does your medical cert. specify any limitations? If "Yes," explain in "Remarks." Yes  No

**(10) Civilian Flying:** (Explain all "Yes" answers in "Remarks" section below.)

- a. Do you use other than public airports? Yes  No
- b. Have you flown or do you intend to fly outside the U.S.A? 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, is aircraft specifically built for aerial application?  
If "Yes" give make, model and year of this aircraft in "Remarks." Yes  No
- e. Have you engaged in or do you contemplate engaging in any kind of flying not indicated above? Yes  No

**(11) Military Flying:**

- a. Name of military organization? \_\_\_\_\_
- b. Are you a pilot? If "No," specify capacity in which you fly in "Remarks." Yes  No
- c. Type of aircraft flown: \_\_\_\_\_
- d. How long have you been flying in this kind of aircraft? \_\_\_\_\_
- e. Date of last flight: \_\_\_\_\_ Do you fly for proficiency only? Yes  No

**(12) Coverage Preference:** If given a choice of the following, which ONE option would you prefer:

- a. Pay additional premium for coverage unrestricted by aviation activities? Yes  No
- b. -OR- Aviation exclusion included to exclude coverage for aviation activities? Yes  No

**(13) Remarks:** \_\_\_\_\_  
\_\_\_\_\_