

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.*