

Name _____ Proposed Insured Additional/Joint Insured

Aviation Supplement Forming Part Of The Application For Life Insurance

1. Have you flown as pilot, student pilot, or crewmember on any type of aircraft in the past 3 years? Yes No
Date of last flight as pilot _____
2. Type of aviation license or certificate: Student Private Commercial Other _____
Date of Issue _____
3. Do you have an Instrument Flight Rating? Yes No
If proposed insured holds a valid Airline Transport Certificate other than ITF, indicate in Remarks.
4. Class of FAA medical certificate _____ Date of last FAA medical examination _____ (month/year)
5. Have you or do you intend to fly an experimental, ultralight, personally built or assembled, or prototype aircraft? Yes No
If "yes", provide details including make, type, age of aircraft, established pattern or route, where aircraft is usually based, and where aircraft is serviced and maintained _____
6. Have you ever been grounded, had any flying accidents, had a written violation or had your license suspended or revoked? Yes No
If "yes", please include dates and full details regarding the circumstances surrounding the infraction. If it was an accident, please include details regarding the extent of personal injury and/or damage to the aircraft. _____

7. Type of flying (include all types):

	Type of aircraft flown	Total hours to date	Hours last 12 months	Contemplated hours next 12 months
Student				
Pleasure				
Personal Business				
Scheduled Passenger Airline				
Scheduled Air Taxi or Commuter				
Non-scheduled passenger or freight*				
Employer Owned Aircraft				
Student Instruction				
Active Military*				
National Guard or Reserve*				
Crewmember				
** Other, specify _____				

* Please indicate mission or purpose of operation in Remarks.
** Provide full details of any other flying not specifically classified above (advertising, construction, crop dusting, fire fighting, inspection (pipe, power, telephone line), mapping, medical airlifting and evacuation, oil and natural gas exploration, photography, police and law enforcement, testing, traffic control, weather patrol, hang gliding, gliding, ballooning, etc.)

8. Are flights made only between established airports? Yes No
If No, explain: _____
9. Remarks — please provide any additional information that you feel is relevant to our evaluation:

10. If either is necessary under Company rules, which of the following do you prefer?
 Full Aviation coverage at an extra premium Restricted Coverage without extra premium
Other Aviation Activities Please provide details regarding any other aviation activities in which you participate:

I represent that the statements and answers in this Supplement are true and complete.

Date _____

Signature of Proposed Insured/Additional/Joint Insured _____

Signature of Licensed Financial Professional/Insurance Broker _____