

**In continuation of and forming part of Application for Insurance to the  
Indianapolis Life Insurance Company  
P.O. Box 1230, Indianapolis, IN 46206**

**AVIATION QUESTIONNAIRE**

Name of Proposed Insured: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Hours Flown**

For Pilots, Students and Crew Members:

Total of All Hours Flown	Total Hours Flown	Estimated Hours Flying
as Pilot or Crew Member: _____	In Past 12 Mos. _____	In Next 12 Mos. _____

**Pilot Certificate**

<input type="checkbox"/> Private	<input type="checkbox"/> Instrument Flight Rating (IFR)	<input type="checkbox"/> Commercial
<input type="checkbox"/> Student	<input type="checkbox"/> Airline Transport Rating (ATR)	<input type="checkbox"/> Flight Instructor

Have you ever been grounded or had your license revoked?  Yes  No  
*(If "Yes," give details below.)*

**Type of Flying**

<input type="checkbox"/> Pleasure	<input type="checkbox"/> Employer Aircraft or Employee Transportation	<input type="checkbox"/> Instructor
<input type="checkbox"/> Personal Business	<input type="checkbox"/> Crop Dusting	<input type="checkbox"/> Freight Carrying or Passenger Service
		<input type="checkbox"/> Other _____

**Medical Certificate currently held**

Class III  Class II  Class I  Date of last renewal \_\_\_\_\_

Was it denied by the Aviation Medical Examiner but eventually issued?  Yes  No  
 Was it necessary to appeal before Certificate was eventually issued?  Yes  No  
 Was Medical Certificate subject to limitation(s) or physical waivers(s)?  Yes  No  
*(If "Yes," please give details in Remarks below.)*

**Military Flying**

Military Branch or Organization \_\_\_\_\_  
 Type of Aircraft \_\_\_\_\_ Date of Last Flight \_\_\_\_\_  
 If not pilot, specify capacity in which you fly \_\_\_\_\_

Other Type of Flying: Have you ever flown or do you intend to fly Ultralight, Biplane, Prototype, experimental or personally built or assembled aircraft?  Yes  No  
*(If "Yes," please complete Aviation Questionnaire)*  
 Have you within the past 12 months, or do you contemplate flying in the Civil Air Patrol?  Yes  No  
 Do you contemplate a change from your present flying to commercial or military flying?  Yes  No  
*(If "Yes," give details in Remarks below.)*

**Aviation Rates**

Should you not qualify for full coverage at standard rates do you desire:  
 Full coverage with extra premium, if available?  Yes  No  
 Restricted aviation coverage without extra premium, if available?  Yes  No

**Remarks:**

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Signed at \_\_\_\_\_  
City and State
Date
Signature of Proposed Insured