

**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

Private

Instrument Flight Rating (IFR)

Commercial

Student

Airline Transport Rating (ATR)

Flight Instructor

Have you ever been grounded or had your license revoked?

Yes No

(If "Yes," give details below.)

Type of Flying

Pleasure

Employer Aircraft or Employee Transportation

Instructor

Personal Business

Crop Dusting

Freight Carrying or Passenger Service

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.

Signed at _____

City and State

Date

Signature of Proposed Insured