Aviation

Producer Name	Phone	Dat	e
Client Name	Date of Birth	1	∕lale □Female
Face Amount	Max Premium \$	/yr. 🗌 Term 🗌	Permanent
Has the client ever used any form of toba	cco (cigarettes, cigars, pipe, snuff	f, etc.)? 🗌 Yes 🗌 No	
Frequency	Date of last use	Туре _	
Hours flown as a pilot or copilot			
Type of flying	1-2 years ago	Last 12 months	Estimate next 12 months
Student			
Private			
Scheduled Passenger Airline			
Full-time Company			
Non-Scheduled or Charter			
Crop Dusting or Aerial Spraying			
Student Instruction			
Military			
Other (describe)			
Total logged hours		Date of last flight	
Type of licenses	□Commercial □]ATP 🗌 Other	
Do you have an Instrument Flight Rating (IFR)?		
Types of Aircraft			
Civilian Prop or jet Glid Helicopter Expension Hot air balloon	erimental		
	copter onnaissance erimental		

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underwriting

Underwriting Questionnaire

Aviation



Describe any unusual aviation activity_

Civilian flying

Has the client flown or do they intend to fly outside the US Yes No If yes, provide details

Military flying	
Name of military organization	
Is the client a pilot Yes No If no, speci	fy capacity in which the client flies
Type of aircraft flown	How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown
Date of last flight	Does the client fly for proficient only Yes No If yes, provide number of hours on proficiency flying per year

If given a choice of the following, which would the client prefer

Pay additional premium for coverage unrestricted by aviation activities

Have an aviation exclusion included in the policy to exclude coverage for aviation activities

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