

# SUPPLEMENT TO APPLICATION – AVIATION QUESTIONNAIRE



Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Schedule of Flying Time	Hours Flown as Pilot or Co-Pilot			Hours Flown as Crew Member			Hours Flown as Passenger	
	One to Two Years Ago	Last 12 Months	Estimate Next 12 Months	One to Two Years Ago	Last 12 Months	Estimate Next 12 Months	Last 12 Months	Estimate Next 12 Months
Type of Flying								
Civilian (Non-Commercial) Pleasure								
Personal Business								
Other (See A Below)								
Civilian (Commercial) Scheduled Airlines and Freight								
Non-Scheduled Airlines and Freight								
Company-Owned Plane								
Other (See B Below)								
Military (Also Answer #4 Below)								

A. Details of non-commercial flying not specifically classified above and type of aircraft flown (glider, helicopter, lighter-than-air) \_\_\_\_\_

B. Circle appropriate category(s) for other commercial flying not specifically classified above and give details: charter (air taxi, sightseeing), crop dusting, fish and game, forestry, (fire fighting), inspection (pipe, power, telephone line), instruction, mapping, photography, racing, spraying, stunting, surveying, testing (production line or prototype), any other \_\_\_\_\_

2. Total number of hours flown as pilot \_\_\_\_\_ Date of last flight as pilot \_\_\_\_\_  
Do you expect to fly in the future? \_\_\_\_\_ If future flying contemplated differs from past flying, please explain: \_\_\_\_\_

3. What type of license do you hold? \_\_\_\_\_  
Date of issue \_\_\_\_\_ Do you have an instrument rating? \_\_\_\_\_  
What class of medical certificate do you hold? \_\_\_\_\_  
Date of last renewal \_\_\_\_\_ Was it granted subject to a physical waiver? \_\_\_\_\_ If yes, give details under #6  
Have you ever been grounded or had your license revoked? \_\_\_\_\_ If yes, give details under #6.

4. What is your branch of service, or what military connection do you have in reference to #1 above? \_\_\_\_\_  
If crew member, give job title \_\_\_\_\_  
Your duty assignments (FLOGS, MATS, SAC) \_\_\_\_\_  
What aircraft do you now fly? (give full descriptive information) \_\_\_\_\_

Any change contemplated in duty or aircraft flown? \_\_\_\_\_ If yes, give details under #6.

5. Should you not qualify for full coverage at standard rates, do you want your policy issued with:  
 full coverage with extra premium if available  
 restricted aviation coverage without extra premium

6. Additional remarks (if necessary, use reverse side) \_\_\_\_\_

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for insurance.

Signature of Proposed Insured \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/State Month Day Year