

Proposed Insured: _____

Social Security No: _____ Date of Birth: _____

1. Indicate flying experience (check all that apply): Private Commercial Military Pilot Crew Member Other _____
2. Current type of aviation certificate: _____
3. Has your certificate ever been suspended or revoked? Yes No If yes, give details in Remarks.
4. Current class of medical certificate and expiration date: _____
5. Total hours flown as a pilot in command: _____
6. Do you have an Instrument Flight Rating (IFR)? Yes No Number of hours of IFR flying: _____
7. Do you fly outside the U.S.? Yes No If yes, give details in Remarks.
8. Have you had any aviation accidents? Yes No If yes, give details in Remarks.
9. Have you had any aviation citations? Yes No If yes, give details in Remarks.
10. Indicate number of hours flown in each category as a pilot, student pilot, or crew member.



	Type of Flying	Last 12 Months	Last 12-24 Months	Next 12 Months	Date of Last Flight
Private	Student				
	Pleasure or Business				
	Other (Racing, Acrobatic, Stunt, etc. Describe in Remarks.)				
Commercial	Scheduled Passenger Airline (Give employer name in Remarks.)				
	Non-Scheduled Passenger and/or Freight Airline				
	Flight Instruction				
	Corporate Owned Planes for Corporate Business				
	Testing (Describe type of testing and aircraft in Remarks.)				
	Crop-dusting				
	Fire Fighting				
	Other (Describe type in Remarks.)				
Military	Active Duty				
	Reserve Duty				

11. Indicate total hours flown by aircraft type.

Civilian	Single Engine Airplane		Multi Engine Airplane	Helicopter	Kit or Home Built	Other
Hours flown in Last 12 Months						
Hours to be flown in Next 12 Months						
Military	Transport	Fighter/Bomber	Helicopter	Carrier Based	Proficiency Flying Only, Not Carrier Based	Other
Hours flown in Last 12 Months						
Hours to be flown in Next 12 Months						

Remarks: _____

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____

Witness Proposed Insured
AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this supplement to the application. If the Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as Owner, giving corporate title and full name of corporation.

Signed at _____ on _____

Witness Owner

Corporate Title: _____ Corporation Name: _____