

Aviation Questionnaire

Name _____ Sex M F Date of Birth _____
 Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

Do you have a current valid pilot's license? Y N Type, Grade or Class _____
 Date last renewed _____ Date of expiration _____
 Has flying activity ended? Y N If Yes, When _____
 Date of last flight as pilot or student pilot? _____
 Do you have and maintain instrument flight rating Y N Total hours solo experience? _____
 Have you ever been grounded, fined or reprimanded, or had your license revoked for aviation violations? Y N
 If Yes, please explain _____
 Do you have any restrictions, medical or otherwise on your license? Y N
 If Yes, please explain _____
 Are you a paid pilot? Y N If Yes, please explain activity _____
 Type of aircraft flown or flown in? _____
 Over what areas are flights made? _____
 Do you serve as crew member only? Y N
 If so, what are your duties aboard aircraft? _____
 Are you, or have you been a pilot or crew member of any of the following: (circle those that apply)
 Military Service National Guard Active Reserve Student
 Date of last flight in military aircraft? _____
 Do you do any crop treatment work? Y N Type of work? _____
 Type of plane? _____ Type of spray, dust or other material used? _____

If a pilot or crew member, please answer all appropriate questions below: Passengers only need not respond.

Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months	Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months
Private flying, pleasure				Forestry, traffic control Fish and game			
Private flying, business				Inspection – pipe, power, etc			
Scheduled airline				Experimental			
Non-scheduled airline				Testing			
Company owned plan Operating standard same as: --- Scheduled airline --- Other				Glider or sailplane --- Powered or --- Non-powered			
Instructing				Stunting			
Student				Racing			
Photography				Helicopter			
Crop Treatment				Other (describe fully)			
Charter, sight-seeing, air taxi							

If necessary to modify policy because of aviation, which do you prefer?
 Full coverage including aviation activities at an appropriate extra premium? _____
 Policy to be issued excluding coverage for aviation activities? _____

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____ Date _____

Broker Submitting Questionnaire: _____
 Address _____
 Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
 You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com