



Aviation Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. How many hours has the proposed insured flown as a pilot or co-pilot:

	Hours Flown				Hours Flown		
	Next 12 months	Past 12 months	Prior 12-24 months		Next 12 months	Past 12 months	Prior 12-24 months
Commercial				Non-Commercial			
Scheduled Passenger Airlines				Pleasure			
Employer-Owned Aircraft				Personal Business Transportation			
Non-scheduled/Charter				Instruction as a student			
Crop Dusting/Aerial Spraying				Military (specify): _____			
Student Instruction				Other: _____			
Exhibition/Stunt Flying							
Other: _____							

2. What licensing, rating and FAA medical information does the proposed insured possess:

a) Certificate license: Student Private Commercial ART

b) Does the proposed insured have an instrument flight rating? Yes No

c) Any other ratings? Yes No

If yes, provide details: _____

d) What class of FAA Medical Certificate does the proposed insured hold? _____

e) What was the date of the proposed insured's last FAA Medical Exam? _____

3. Civilian Flying:

a) Does the proposed insured use anything other than public airports? Yes No

b) Has the proposed insured flown outside of the U.S.? Yes No

If no, does the proposed insured ever intend to? Yes No

c) Has the proposed insured flown a prototype, experimental, a personally built aircraft, rotorcraft, balloon or glider? Yes No If yes, provide details: _____

4. How many total lifetime hours has the proposed insured flown? _____

5. Any additional remarks: _____

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com