

Aviation Questionnaire

First Name : _____ Last Name : _____
 Policy Number : _____ Date of Birth : _____

1. What type of pilot's license do you currently hold? : Student pilot Private Pilot Commercial Pilot
 Airline transport certificate (ATR) Instructor Instrument flight rating (IFR)
 None Other (specify): _____
2. Date license was issued : _____
3. a) Describe the type of aircraft you normally pilot? Single engine Multi-engine Helicopter Glider
 Ultra-light motorized Home built (Amateur built) Other (specify): _____
 b) Are you the owner? Yes No
 If no, explain : _____
4. Purposes of your flights : Pleasure Instructor Taxi
 Crop dusting Business (specify): _____
 Other (specify): _____
5. a) Do you fly from a private airstrip? Yes No
 b) Describe type of terrain and area you usually fly over? _____
6. Have you ever had an aviation accident, been grounded, fined, or warned for violation of air regulations? Yes No
 If yes, please provide details and dates: _____

7.

Type of flights	Number of flight hours		
	Hours accumulated	Hours during the past 12 months	Expected hours in the next 12 months
(a) Unpaid Flight As a pilot, co-pilot or an unpaid student			
(d) Paid Flight <input type="checkbox"/> Scheduled <input type="checkbox"/> Non-Scheduled As a member of a crew or a paid employee for duties performed during the flight			
(c) <input type="checkbox"/> Military <input type="checkbox"/> Other (specify) : _____ As a member of the crew or in any other capacity Additional information: _____			

8. Do you have any operational limitations on your FAA/DOT/ medical certificate? Yes No
 If yes, explain : _____
9. Do you intend or foresee any changes in your aviation activities? Yes No
 If yes, explain: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor) _____ Date _____