

AVOCATION QUESTIONNAIRE: AVIATION

Client Name: _____ Date of Birth: _____
 Gender: ☐ Male ☐ Female Height: _____ Weight: _____
 Tobacco Usage: _____ Coverage Information: _____
☐ Never Type: ☐ Term ☐ UL ☐ IUL
☐ Former Date Stopped: _____ ☐ WL ☐ VUL ☐ Survivorship
☐ Current Type: _____ Face Amount: _____
 Premium Tolerance: _____

Hours Flown as a Pilot or Copilot				
Commercial (Flying for Pay)	Next 12 Months	Past 12 Months	12-24 Months Ago	Total Lifetime Hours
Scheduled Passenger Airlines				
Employer Owned Aircraft				
Nonscheduled or Chartered				
Crop Dusting/Aerial Spraying				
Student Instruction				
Exhibition/Stunt Flying				
Other (Specify)				
Total Logged Hours				

Hours Flown as a Pilot or Copilot				
Non-Commercial (Not for Pay)	Next 12 Months	Past 12 Months	12-24 Months Ago	Total Lifetime Hours
Pleasure				
Personal Business Transport				
Instruction as Student				
Military				
Other (Specify)				
Total				

Certificate License

☐ Student: Date first obtained student pilot's certificate _____
☐ Private: Date first obtained private pilot's license _____
☐ Commercial: Date first obtained commercial pilot's certificate: _____
☐ ATR _____
☐ Other (Specify) _____

Does the client have an instrument flight rating? ☐ No ☐ Yes

Other Ratings: _____

Class of FAA medical certificate held: _____ Date of last FAA Exam: _____

Civilian Flying

Does the client use airports other than public airports? ☐ No ☐ Yes

If yes, please provide details: _____

Has the client flown or do they intend to fly outside the US? ☐ No ☐ Yes

If yes, please provide details: _____