

LIFE INSURANCE | DISABILITY INSURANCE | LONG-TERM CARE INSURANCE

10380 SW Village Center Drive, #406 Port St. Lucie, FL 34987 T: 631-730-8262 I F: 877-275-7847

mbwinsurance.com

		AVUCA	VITON QUESTION	NAIRE: AVIATION
Client Name:	Date of Birth:			
Gender: Male	Female Height:		Weight:	
Tobacco Usage:		Coverage Information:	:	
☐ Never		Type:	Term 🔲 UL	☐ IUL
☐ Former Date St	copped:		WL 🔲 VUL	Survivorship
☐ Current Type:		Face Amount:		
		Premium Toler	rance:	
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	Next 12 Months	Fast 12 Months	12-24 Months Ago	Total Elletime Hours
Employer Owned Aircraft			1:	
Nonscheduled or Chartered			Ŀ	
Crop Dusting/Aerial Spraying				
Student Instruction				
Exhibition/Stunt Flying Other (Specific)				
Other (Specify)				
Total Logged Hours			<u>L</u>	
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				
6 15 1 1:				
Certificate License Student: Date first obtained student pilot's certificate				
	•		_	
_	rst obtained private pilot ate first obtained comme			
	ate first obtained comme	erciai pilot s certificate:		
☐ ATR			=	
Other (Specify)			П	No
Does the client have an instrum				No L Yes
Other Ratings:			Data of last EAA Evan	
Class of FAA medical certificate			_ Date of last FAA Exam	n:
Civilian Flying				
Describes aligned the primary of the state o				🗖
Does the client use airports other than public airports? If yes, please provide details:			Ц	No L Yes
ır yes, piease provide details:				
Handle diest flagge	internal to five as to the state	LICA		
Has the client flown or do they intend to fly outside the US? L No L Yes				
If yes, please provide details:				