## Truist Life Insurance Services

## Underwriting Questionnaire **Aviation**

Producer Name	Phone	Date	
Client Name	Date of Birth		
☐ Male ☐ Female Face Amour	nt	Max Premium \$/yr	
☐ Term ☐ Permanent Has the cli	ent ever used any form of tobacco	o (cigarettes, cigars, pipe, snuff, etc.)	? □Yes □No
Frequency	Date of last use	Туре	
State of residence			
Hours flown as a pilot or copilot			
Type of flying	1-2 years ago	Last 12 months	Estimate next 12 months
Student			
Private			
Scheduled Passenger Airline			
Full-time Company			
Non-Scheduled or Charter			
Crop Dusting or Aerial Spraying			
Student Instruction			
Military			
Other (describe)			
Total logged hours  Type of licenses  □ Student  □ Private  Do you have an Instrument Flight Ratin	□Commercial □.	Date of last flight	
☐Yes ☐ No  Types of Aircraft			
Civilian  Prop or jet Gli Helicopter But Hot air balloon  Civilian Gli Exp	perimental	rcraft	
Military			
_	•	odel of aircraft	
	connaissance		
☐ Transport or Cargo ☐ Ex  ☐ Other	perimental 		

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Describe any unusual aviation activity\_



AL 111 AL 1	
Civilian flying	
Has the client flown or do they intend to fly	outside the US  Yes  No If yes, provide details
n. 4010	
Military flying	
Name of military organization	
Is the client a pilot Yes No If no, s	specify capacity in which the client flies
Type of aircraft flown	How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown
Date of last flight	Does the client fly for proficient only Yes No If yes, provide number of hours on proficiency flying per year
given a choice of the following, w ☐ Pay additional premium fo	

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