Underwriting Questionnaire | Aviation

Underwriting

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Face Amount:_____ Max Premium $_____ /yr.

Desired Life Insurance Type: ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency:_____ Date of Last Use:_____ Type:_____

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 Hours Logged:_____ Date of Last Flight:_____

Type of Licenses

☐ Student ☐ Private ☐ Commercial ☐ Airline Transport Pilot (ATP) ☐ Other_____

Do you have an Instrument Flight Rating (IFR)?

☐ Yes ☐ No

Types of Aircraft

Civilian

☐ Prop or Jet ☐ Glider Make/Model of Aircraft:_____

☐ Helicopter ☐ Experimental

☐ Hot air balloon ☐ Other_____

Military

☐ Fighter ☐ Helicopter Make/Model of Aircraft:_____

☐ Bomber ☐ Reconnaissance

☐ Transport or Cargo ☐ Experimental

☐ Other_____

Describe any unusual aviation activity:_____

_____

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Civilian Flying
Has the client flown or do they intend to fly outside the US? ☐ Yes ☐ No If Yes, provide details:

Military Flying	
Name of military organization:	
Is the client a pilot? ☐ Yes ☐ No If no, 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

If given a choice of the following, which would the client prefer?

☐ Pay additional premium for coverage unrestricted by aviation activities
☐ Have an aviation exclusion included in the policy to exclude coverage for aviation activities

Has the client ever had their license revoked or been grounded? ☐ Yes ☐ No If Yes, please explain: _____

Any history of aviation violations or accidents? ☐ Yes ☐ No If Yes, please explain: _____

Do you use marijuana in any form? ☐ Yes ☐ No If Yes, please explain what type and how often: _____

Please list any medical history and medications taken or currently in use: _____

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