

CLIENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_

Tobacco Use:  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

Type of Coverage:  Term  UL  Survivor  Disability Coverage Amount: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Occupation/Job duties: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Anticipated Premium: \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

*If yes, use separate sheet to provide this information, including age of onset and date of death*

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

**SECTION IV: AVIATION SPECIFIC QUESTIONS**

How many total flying hours has the client logged?

How many of those flight hours were solo?

How many of those hours were in the last 12 months?

How many flight hours does the client anticipate in the next 12 months?

Please list all FAA recognized licenses currently held (Private, Commercial, CFI, MEI, Instrument, etc):

**Does the client have any of the Below?**

Instrument (IFR)?

Visual Flight Rating (VFR)?

Airline Transport Pilot (ATP)?

Please provide approximate percentage of flying time performed for COMMERCIAL reasons:

Please provide approximate percentage of flying time performed for PRIVATE reasons:

On what date did the client fly last?

List the types of aircraft (make, number and type of engines) the client is likely to fly:

If business use, specify type of business?   
  Commercial   
  Charter

Where does the client fly to?

List any additional information which may impact the underwriting process:

Is the client an active instructor?   
  Yes   
  No