

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):

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 including but not limited to accidents, history of violations, etc with dates and details:

Is the client an active instructor? Yes

No

Does the client have any of the Below?

Instrument (IFR)?

Visual Flight Rating (VFR)?

Airline Transport Pilot (ATP)?