## **Underwriting Questionnaire**

## **Aviation**

Producer Name



Client Name	Date of Birt	th		
☐ Male ☐ Female Fac	e Amount	Max Premium \$	/yr.	
☐ Term ☐ Permanent H	as the client ever used any form of	tobacco (cigarettes, cigars, pipe,	snuff, etc.)? ☐ Yes ☐ No	
Frequency	Date of last use_		Туре	
State of residence				
Hours flown as a pilot or co				
Type of flying	1-2 years ago	Last 12 months	Estimate next 12 months	
	. I years age	Edst 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 Date of last flight  Type of licenses				
Do you have an Instrument Flight Rating (IFR)?				
Types of Aircraft				
Civilian  Prop or jet  Helicopter  Hot air balloon	☐ Glider Make/Mode☐ Experimental☐ Other	el of aircraft		
Military				
☐ Fighter	☐ Helicopter Ma	ake/Model of aircraft		
$\square$ Bomber	$\square$ Reconnaissance			
☐ Transport or Cargo ☐ Other	☐ Experimental			

Phone\_



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Date\_

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Describe any unusual aviation activity	- Ingo
Civilian flying	
Has the client flown or do they intend to fly ou	tside the US  Yes  No If yes, provide details
Military flying	
Name of military organization	
Is the client a pilot Yes No If no, spec	ify 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
	coverage unrestricted by aviation activities accluded in the policy to exclude coverage for aviation activities

☐ Yes ☐ No

If Yes, please explain



Any history of aviation violations or accidents