

*Please print or type all information*

Proposed insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Identification Number \_\_\_\_\_

1. Total solo or pilot-in-command hours? \_\_\_\_\_
2. Please list various types of flying certificates you now hold or intend to apply for, along with date(s). \_\_\_\_\_  
\_\_\_\_\_
3. Please state type(s) of aircraft you fly. \_\_\_\_\_
4. Do you now fly or have you ever flown in any branch of the armed forces? \_\_\_\_\_  
If yes, specify which service. \_\_\_\_\_

5. Flights Made as a Pilot (in command), Co-Pilot, Student Pilot or Crew Member	Estimate of Hours Flying During the Next Year	Past Flying Hours	
		Last 12 Months	1 to 2 Yrs. Ago
<b>A. Commercial (Flying for Pay)</b>			
1. Passenger or freight service (chartered aircraft)			
2. Aerial application - (Distribution of chemicals or seeds in agriculture/reforestation/insect control/ fire fighting, etc.)			
3. Aerial observation - (Mapping/photography/ survey/patrol/fish spotting/search and rescue/ hunting/sightseeing/highway traffic advisory/etc.)			
4. Charter			
5. Instructional			
6. Helicopter			
7. Test pilot			
8. Scheduled/company owned/supplemental passenger airliners with pilot's qualifications, equipment and maintenance equivalent to the scheduled airlines.			
<b>B. Non Commercial (Not Flying for Pay)</b>			
1. Pleasure			
2. Personal business transportation			
3. Instructions as student			
<b>C. Military - Active Duty</b>			
1. Student			
2. Proficiency			
<b>D. Other Than Above, see #6</b>			

6. Have you made, or do you intend to make any parachute jumps; racing or stunt flights; any over ocean flights; any flights outside of your country; any demonstration, exhibition, experimental, glider or lighter-than-air flights, including hot air balloon flights; any flights in uncertified aircraft, experimental or home built?  
(If yes, explain under #9.)  Yes  No

7. Have you ever been grounded, fined or reprimanded for violation of air regulations or have you ever been in an aircraft accident? (If yes, please explain below under # 9.)  Yes  No

8. If you do not qualify for full coverage at standard rates, do you desire:  
a. full aviation coverage with extra premium, if available?  Yes  No  
b. restricted aviation coverage without extra premium?  Yes  No

9. Enter any additional information here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this declaration is a material part of this personal fact sheet and will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this personal fact sheet, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the personal fact sheet on my life.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_

(Proposed insured)