



American Life & Security Corp.

Administrative Office

P.O. Box 5577 • LINCOLN NE 68505-5577

Phone: 402.489.8266 • Fax 402.489.8295

AVIATION QUESTIONNAIRE

PRINT USING BLACK INK.
ALL SECTIONS MUST BE COMPLETED.

Name of Proposed Insured: _____ Date of Birth: _____

Section 1: Hours Flown

a) Total # of Solo Hours Flown as Pilot or Crew Member: _____

b) Total # of Hours Flown in past 12 months: _____

c) Total # of Hours Anticipated to be Flown in next 12 months: _____

Section 2: Pilot License/Certificate currently held:

- Private Instrument Flight Rating(IFR)
- Student Commercial
- Airline Transport Rating(ATR) Flight Instructor

In the past 10 years have you been grounded or had your license revoked? Yes No
(If "Yes", give details in Remarks Section below)

Section 3: Type of Flying

- Pleasure Freight Carrying or Passenger Service
- Personal Business Employer Aircraft or Employee Transportation
- Crop Dusting Other (Give details in Remarks Section below.)
- Instructor

Please advise Type of Aircraft Flown: _____

Section 4: Medical Certificate

- a) Medical Certificate currently held: Class III Class II Class I
- b) Date of last renewal: Month _____ Day _____ Year _____
- c) Was it denied by the Aviation Medical examiner but eventually issued? Yes No
- d) Was it necessary to appeal before Certificate was eventually issued? Yes No
- e) Was Medical Certificate granted subject to limitation(s) or physical waiver(s)? Yes No
- (If any of the above questions is answered "Yes", please give details in Remarks below.)

Section 5: Military Flying

- a) Military Branch or Organization: _____
- b) Type of Aircraft: _____ Date of Last Flight: _____
- c) If not pilot, specify capacity in which you fly: _____

Section 6: Other Flying

- a) Have you, in the past 10 years, flown or do you intend to fly in the next 2 years:
Ultralight, Biplane, Prototype, experimental or homebuilt or assembled aircraft? Yes No
(If "Yes", complete Avocation Questionnaire.)
- b) Have you flown in the Civil Air Patrol in last 12 months or do you intend to do so in next 2 years? Yes No
- c) Do you intend to change your present flying to commercial or military flying in the next 2 years? Yes No
(If any of the above questions is answered "Yes", please give details in Remarks below.)

Section 7: Aviation Rates

- Should you not qualify for full coverage at standard rates, do you desire:
- a) Full coverage with extra premium, if available? Yes No
- b) Restricted aviation coverage without extra premium, if available? Yes No

REMARKS:

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Signed at: _____ (X) _____
City and State Signature of Proposed Insured

Date: _____