# American Life & Security Corp

**Administrative Office**
PO Box 717 * Frankfort, KY 40602-0717
Phone: 877.758.9333 Underwriting Fax: 502.227.7205


## AVIATION QUESTIONNAIRE

PRINT USING BLACK INK.
ALL SECTIONS MUST BE COMPLETED.

Name of Proposed Insured: _____ Date of Birth: _____

**SECTION I HOURS FLOWN**

For Pilots, Students and Crew Members:
Total of Solo Hours Flown as Pilot or Crew Member: _____
Total Hours Flown In Past 12 Months: _____
Estimated Hours Flying In Next 12 Months: _____

**SECTION 2 PILOT LICENSE**

Pilot Certificate currently held:
☐ Private ☐ Student ☐ Airline Transport Rating (ATR)
☐ Instrument Flight Rating (IFR) ☐ Commercial ☐ 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 FLYING**

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

**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 Aircraft: _____ Date of Last Flight: _____
c. If not pilot, specify capacity in which you fly: _____

**SECTION 6 OTHER FLYING**

Other Type of 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 personally built or assembled aircraft? ..... ☐ Yes ☐ No
(If "Yes", complete Avocation Questionnaire.)
b. Have you flown in the Civil Air Patrol in the last 12 months or do you intend to do so in the 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: _____