

This application supplement is part of application(s) for insurance on: \_\_\_\_\_  
Proposed Insured (please print)

In this application supplement, "you" and "your" mean the proposed insured.

**A. AVIATION**

1. a. Do you have a license?  Yes  No  
 b. If Yes, check type(s):  Student  Private  Military  Commercial  Instructor

2. TYPE OF FLYING:

			AS A PILOT, CO-PILOT OR STUDENT PILOT			AS CREWMEMBER OR INVOLVING DUTIES IN FLIGHT		
	YES	NO	Hours flown 1 to 2 years ago	Hours flown in last 12 months	Probable hours next 12 months	Hours flown 1 to 2 years ago	Hours flown in last 12 months	Probable hours next 12 months
a. Student	<input type="checkbox"/>	<input type="checkbox"/>						
b. Sightseeing and pleasure	<input type="checkbox"/>	<input type="checkbox"/>						
c. For business	<input type="checkbox"/>	<input type="checkbox"/>						
d. Instructing students	<input type="checkbox"/>	<input type="checkbox"/>						
e. Commercial	<input type="checkbox"/>	<input type="checkbox"/>						
f. Military	<input type="checkbox"/>	<input type="checkbox"/>						
g. Other	<input type="checkbox"/>	<input type="checkbox"/>						

3. Total Solo (pilot in command) hours: \_\_\_\_\_  
 4. Date of last flight: \_\_\_\_\_  
 5. a. If you have not flown in the last 12 months, do you intend to fly again?  Yes  No  
 b. If yes, indicate when you will resume flying and in what capacity: \_\_\_\_\_  
 \_\_\_\_\_

6. In the last 5 years have you: (Explain all Yes answers in Remarks.)
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Had an aviation accident while pilot in command?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been fined, grounded or had your license revoked or not renewed?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Piloted, or do you intend to pilot, a glider, balloon, ultra-light or helicopter?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Piloted, or do you intend to pilot, experimental, racing or "home built" aircraft? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Remarks (use this space for any additional information or details regarding any above questions):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

