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 □I	No			
	<ul><li>b. If Yes, check type(s):</li></ul>	□ 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								
	b. Sightseeing and pleasure								
	c. For business								
	d. Instructing students								
	e. Commercial								
	f. Military								
	g. Other								

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?					
	b. Been fined, grounded or had your license revoked or not renewed?					
	c. Piloted, or do you intend to pilot, a glider, balloon, ultra-light or helicopter?					
	d. Piloted, or do you intend to pilot, experimental, racing or "home built" aircraft?					
7.	Remarks (use this space for any additional information or details regarding any above questions):					

## B. PARACHUTE JUMPING, SKYDIVING, AND HANG GLIDING

1.	a. Indicate which activity(s):					
	b. Number of descents or flights in the last 12 months:					
	c. Number of descents or flights expected in the next 12 months:					
	d. Locations of activity:					
	e. Months of the year active:					
	f. Years of experience:					
2.	Date of last activity:					
3.	Do you participate professionally or for cash prizes?					
4.	Describe type of equipment used:					
5.	List any training you have received and any organizations for the named activity(s) to which you belong:					

I REPRESENT that to the best of my knowledge and belief, all answers to the above questions are correctly recorded, complete and true. I understand that The Standard Life Insurance Company of New York will rely on this information in considering my eligibility for insurance and for various premium rates. I agree that this application supplement shall become part of any contract of insurance based on such application.

**NOTE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

	Signed at	on / /	
Signature of Proposed Insured	City, State	Date	
	Signed at	on / /	
Signature of Soliciting Producer	City, State	Date	