

	Α	viation Questioni	naire	
First Name : Policy Number :				
1.	What type of pilot's license do you currently hold?		ertificate (ATR) 📮 Instructor	lot ☐ Commercial Pilot ☐ Instrument flight rating (IFR) ecify):
2.	Date license was issued :			
3.	a) Describe the type of aircraft you normally pilot?b) Are you the owner?If no, explain :	☐ Ultra-light motorized ☐ Home built (Amateur built) ☐ Other (specify): ☐ Yes ☐ No		
4.	Purposes of your flights: ☐ Pleasure ☐ Crop dusting ☐ Other (specify):		fy):	
5.	a) Do you fly from a private airstrip? b) Describe type of terrain and area you usually fly over?			
6.	Have you ever had an aviation accident, been grounded, fined, or warned for violation of air regulations? If yes, please provide details and dates:			
7.	Type of flights Number of flight hours			
	Type of fights	Hours accumulated	Hours during the past 12 months	Expected hours in the next 12 months
	(a) Unpaid Flight As a pilot, co-pilot or an unpaid student			
	(d) Paid Flight ☐ Scheduled ☐ Non-Scheduled As a member of a crew or a paid employee for duties performed during the flight			
	(c) Military Other (specify): As a member of the crew or in any other capacity Additional information:			
8.	Do you have any operational limitations on your FAA/DOT/ medical certificate? If yes, explain:			□Yes □No
9.	Do you intend or foresee any changes in your aviation activities? If yes, explain:			
	e that the above information is true and complete an	d acknowledge that it s		e application with Assumption Life