



Pilot Life Insurance Application

1. GENERAL INFORMATION

Form with fields for Pilot's Name, Date of Birth, Address, City, State, Zip, Phone, E-Mail, Height, Weight, Total Logged Hours, Total Hours - Last 12 Mos., Occupation, Employer, and Date of Last FAA Medical.

2. COVERAGE REQUEST

Form with fields for Policy Amount and Policy Term.

3. PILOT EXPERIENCE

FAA Certificate No: \_\_\_\_\_

Table with pilot experience categories: Student Pilot, Recreational Pilot, Light Sport Pilot, Private Pilot, Commercial Pilot, Airline Transport Pilot, Instrument, Multi-Engine Land, Helicopter, CFI, Seaplane, Glider, 1st Class Medical, 2nd Class Medical, 3rd Class Medical, No Accidents, No Violations, No Waivers, Aerobatic Aircraft, Agriculture Aircraft, Air Ambulance, Primary Instruction of Students, Experimental and/or Homebuilt, Offshore Helicopter, Ultralight Aircraft, No Primary Instruction but other CFI work.

3. HEALTH QUESTIONS (check "YES" or "NO")

- Health questions a-g regarding health conditions, medications, cardiovascular disease, cancer, tobacco use, and nicotine products.

Explain all YES answers (attach separate sheet, if necessary) : \_\_\_\_\_

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge.

Pilot's Signature: \_\_\_\_\_

Date: \_\_\_\_\_