



Pilot Life Insurance Application

1. GENERAL INFORMATION

Form with fields: Pilot's Name, Date of Birth (Male/Female), Address, Phone, E-Mail

Form with fields: Height (Ft./In.), Weight (Lbs.), Total Logged Hours, Total Hours - Last 12 Mos., Occupation, Employer, FAA Medical (Class / Date)

2. COVERAGE REQUEST

Policy Amount: \_\_\_\_\_

Policy Term: \_\_\_\_\_

3. PILOT EXPERIENCE

FAA Certificat No: \_\_\_\_\_

Table with pilot experience categories: Student Pilot, Instrument, 1st Class Medical, etc. Includes a section for 'In the past 3 years, have you flown (check all that apply):'

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

- a. Have you ever had a health condition that would affect the underwriting of this policy?
b. Do you take any prescription medications?
c. Has there been any occurrence of cardiovascular disease or cancer before the age of 60 in your natural parents or siblings?
d. Have you used any tobacco or nicotine products?
a. Never?
b. Quit? (If Yes, please state when)
c. Smoke cigarettes, less than a pack per day?
d. Smoke cigarettes, more than a pack per day?
e. Smoke cigars occasionally (Less than 12 annually)?
f. Smoke cigars frequently (More than 12 annually)?
g. Use smokeless tobacco, pipe, nicotine patch, or nicotine gum?

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: \_\_\_\_\_