



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, Instrument, 1st Class Medical, Recreational Pilot, Multi-Engine Land, 2nd Class Medical, Light Sport Pilot, Helicopter, 3rd Class Medical, Private Pilot, CFI, No Accidents, Commercial Pilot, Seaplane, No Violations, Airline Transport Pilot, Glider, No Waivers, and aircraft types: Aerobatic Aircraft, Experimental and/or Homebuilt, Agriculture Aircraft, Offshore Helicopter, Air Ambulance, Ultralight Aircraft, Primary Instruction of Students, 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: \_\_\_\_\_