

AVIATION QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

TOBACCO USE: YES NO QUIT WHEN _____

OTHER COMPANY ACTIONS: RATED TABLE ___ POSTPONED DECLINED

OTHER COMPANY DETAILS: _____

TYPE OF LICENSE CURRENTLY HELD: STUDENT RECREATIONAL PRIVATE COMMERCIAL AIRLINE TRANSPORT

DO YOU HOLD A VALID INSTRUMENT RATING? YES NO

TOTAL NUMBER OF HOURS FLOWN IN COMMAND: _____

NUMBER OF ANNUAL HOURS FLOWN AS PILOT OR CREW:

LAST 12 MONTHS: _____ LAST 12-24 MONTHS: _____ EXPECTED TO FLY IN NEXT 12 MONTHS: _____

DATE OF LAST FLIGHT: ___/___/___

PURPOSE OF CURRENT FLYING (CHECK ALL THAT APPLY):

PLEASURE BUSINESS COMMERCIAL MILITARY OTHER: _____

WILL YOU BE CHANGING YOUR FLYING ACTIVITIES IN THE FUTURE?

NO YES - GIVE DETAILS: _____

WHAT IS YOUR BRANCH OF SERVICE, OR WHAT MILITARY CONNECTION DO YOU HAVE? _____

IF CREW MEMBER, GIVE JOB TITLE: _____

(CONTINUED)



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901 Wilshire Drive, Suite 140, Troy MI 48084

AVIATION QUESTIONNAIRE

YOUR DUTY ASSIGNMENTS: FLOGS MATS SAC OTHER: _____

WHAT AIRCRAFT DO YOU NOW FLY? (FULL DESCRIPTION) _____

MAKE AND MODEL OF AIRCRAFT FLOWN: _____

TOTAL HOURS IN AIRCRAFT: _____

HAVE YOU FLOWN OR DO YOU CONTEMPLATE FLYING AN EXPERIMENTAL/HOMEBUILT AIRCRAFT?

NO YES IF YES, IS IT FAA CERTIFIED? NO YES - GIVE DETAILS: _____

PLEASE INDICATE IF YOU ENGAGE IN ANY OF THE FOLLOWING TYPES OF AVIATION ACTIVITIES (CHECK ALL THAT APPLY).

CHARTER FREIGHT TRANSPORT CROP DUSTING INSTRUCTION TEST SURVEY

SIGHT SEEING COMMERCIAL PHOTOGRAPHY MAPPING AEROBATICS

OTHER - GIVE DETAILS: _____

MEDICAL CERTIFICATE: CLASS I CLASS II CLASS III DATE OF LAST RENEWAL: ___/___/___

HAS YOUR MEDICAL CERTIFICATE EVER BEEN DENIED? NO YES - GIVE DETAILS: _____

HAVE YOU EVER HAD AN ACCIDENT, BEEN GROUNDED OR FINED FOR A VIOLATION OF AIR REGULATIONS?

NO YES - GIVE DETAILS: _____

IF AVIATION REQUIRES AN EXTRA PREMIUM OR EXCLUSION RIDER, WHICH WOULD YOU PREFER?

EXTRA PREMIUM EXCLUSION RIDER

ADDITIONAL COMMENTS: _____

Please return via email at
PlusMarketing@pfnins.com



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