



**Civilian**

Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
Crop Duster Agriculture Specific					
Crop Duster Converted Conventional					
Bush or Charter					
Stunt or Racing					
Helicopter					
Test Model					
Glider or Ultra Light					
Experimental, Home Built or Antique					
Other (explain)					

**Military**

Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
Active Duty					
National Guard or Reserve					
Other (explain)					

If any question 6 - 11 answered YES, please provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. If available in your state, would you prefer an aviation exclusion rider instead of being charged an extra premium for your aviation related activities? .....  yes  no

**Agreement:** I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

**Proposed Insured Signature**

X

*(If under age 16, signature of parent or guardian)*

**Signed at** (city, state) \_\_\_\_\_

**Signed on** (date) \_\_\_\_\_

