

Aviation Supplement

1. Proposed Insured

Please print all answers

a. Full Name

b. Date of Birth (Mo. Day Yr.)

2. Insurer

Insurer:

3. Hours Flown as PILOT or COPILOT

Commercial (Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago	Non-commercial (Not Flying for Pay)	Contemplated Next 12 Months	Past 12 Months	12-24 Months Ago
Scheduled Passenger Airlines				Pleasure			
Employer Owned Aircraft				Personal Business Transportation			
Nonscheduled or Charter				Instruction as Student			
Crop Dusting or Aerial Spraying (Answer Question 5.d. Below)				Military (Complete Section 6. Below)			
Student Instruction				Other (Specify):			
Exhibition or Stunt Flying							
Other (Specify):							

4. Licensing, Rating, and FAA Medical Information

- a. Certificate License: Student: Date first obtained Student Pilot's Certificate (Mo/Yr) _____ Private Commercial ATR Other (Specify): _____
- b. Do you have an Instrument Flight Rating (IFR)? Yes No
- c. What Other Ratings Do You Have? _____
- d. Class of FAA Medical Certificate Held: _____
- e. Date of Last FAA Medical Exam: _____
- f. Does your FAA medical certificate specify any operational limitation or any limit on duration? If "Yes," explain in **REMARKS** Yes No

5. Civilian Flying (Explain "Yes" answers in REMARKS.)

- a. Do you use other than public airports? Yes No
- b. Have you flown or do you intend to fly outside the United States? Yes No
- c. Have you flown or do you intend to fly a prototype, experimental, or personally built aircraft, rotorcraft, balloon, or glider? Yes No
- d. If an aerial applicator, do you fly an aircraft specifically and primarily built for aerial application (New Generation Aircraft) Yes No
- If "Yes," give make, model and year of this aircraft and percentage of application done in this aircraft in **REMARKS**.
- e. Have you engaged in or do you contemplate engaging in any kind of flying not indicated above? If "Yes," explain in **REMARKS** Yes No

6. Military Flying

- a. Name of Military Organization: _____
- b. Are you a pilot? If "No," specify capacity in which you fly. Yes No
- c. Type of Aircraft Flown: _____
- d. How long have you been flying in this kind of aircraft? (If less than one year, also specify aircraft previously flown.) _____
- e. Date of Last Flight (Mo. Day Yr.) _____
- f. Do you fly for proficiency only? Yes No
- If "Yes," give number of hours of proficiency flying per year.

7. Coverage Preference (Select Only One)

- If given a choice of the following, which would you prefer: Pay additional premium for coverage unrestricted by aviation activities Have an aviation exclusion included in the policy to exclude coverage for aviation activities.

8. REMARKS (Identify applicable item number and letter.)

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I further agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery; and (2) **except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to the Owner and the first modal premium is paid.**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Proposed Insured

Date