



HERMANN SONS LIFE

Aviation Questionnaire

TO BE COMPLETED BY APPLICANT
PLEASE PRINT IN BLUE OR BLACK INK ONLY

Name _____ Date of Birth _____

1. Type of license or certificate? _____
2. Date certificate issued? _____
3. Date certificate last renewed? _____
4. Date of last flight as pilot or as crewmember? _____
5. Total hours flown as pilot or as crewmember? _____
6. Has your license or certificate been revoked or suspended? Yes No
7. Do you intend to apply for a higher grade of certificate? Yes No
8. Are you a member of the Air Force, Army, Navy or Coast Guard or in any other branch of the armed services (including Reserve or National Guard)? Yes No
9. Give details of flying experience by hours

Type of Flying		Last 12 Months	1 to 2 Years Ago	2 to 3 Years Ago	Next 12 Months
a. Regularly scheduled airlines	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew				
b. Non-scheduled commercial, including charter or taxi flights	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew				
c. Flights in company-owned planes for transportation of employees	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew				
d. Flight instruction	<input type="checkbox"/> Student <input type="checkbox"/> Instructor				
e. Private or pleasure flying	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew				
f. Military (except see "h" for proficiency, etc.) (Complete No. 11)	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew <input type="checkbox"/> Paratrooper				
g. Sightseeing, photography, surveying, crop dusting, test or experimental (Describe in No. 13)	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew				
h. All other flying including military proficiency and qualification for flight pay (Describe in No. 13)	<input type="checkbox"/> Pilot <input type="checkbox"/> Crew <input type="checkbox"/> Passenger				

If answer to Question 8 is "yes," answer Questions 10 and 11.

10. a. Branch of service? _____
b. Rank or grade? _____
c. Current military pilot rating? _____
d. Are you now on flying status? Yes No
e. During the last 12 months have you received extra pay for flying? Yes No

11. Description of military aircraft flown:

- Attack bomber or fighter Other multi-engine bomber
 Reconnaissance Glider
 Helicopter Transport
 Other _____

12. Description of civilian aircraft flown:

	Aircraft 1	Aircraft 2
a. Make or model	_____	_____
b. Type: Pure Jet	<input type="checkbox"/>	<input type="checkbox"/>
Prop	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	_____	_____
c. Single engine	<input type="checkbox"/>	<input type="checkbox"/>
Multi-engine	<input type="checkbox"/>	<input type="checkbox"/>

13. Enter details to "Yes" answers to Questions 6 and 7; explanation to Questions 9g or 9h or as otherwise needed.

14. Do you desire full coverage for aviation, with an extra premium, if applicable? Yes No

I hereby declare that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief, and I agree that they shall form a part of the application made to Hermann Sons Life for issue, reinstatement or change of a policy of insurance on my life.

Signature of the Proposed Insured

Date

Witness