



Supplement to application for life insurance on the life of _____

1. Has flying activity as a pilot or crew member ended? If Yes, date of last flight _____ Yes No
 Expiration date of license _____

Activity as a pilot:

2. Pilot license number _____ Type, grade or class _____
 Date issued _____ Date last renewed _____ Expiration date _____
 Describe medical or other license restrictions _____
3. Total hours solo experience _____
4. Date of last flight _____ pilot student pilot
5. Over what areas are flights made? _____
6. Have you ever been grounded, fined, reprimanded, or had your license revoked for aviation violations? Yes No
 If Yes, explain _____
7. Do you own an aircraft? If yes, make _____ model _____ Home built? Yes No
8. Have you participated, or do you plan to participate in air shows? Yes No
 If Yes, when? _____ where? _____
9. Do you have and maintain instrument flight rating (IFR)? Yes No

Military-related flying:

10. Are you, or have you served as, a member of the Yes No
 Army Navy Marines Coast Guard National Guard
 Active Reserve
 Pilot Crew member
 Date of last flight in military aircraft? _____

Business-related flying as a paid pilot or crew member or personal flying:

11. Type	Pilot	Crew	Hours Past 12 Mo.	Hours Past 12-24 Mo.	Hours Est. Next 12 Mo.	Type of aircraft
Private flying, pleasure						
Private flying, business						
Scheduled airline						
Non-scheduled airline						
Company-owned plane						
Instructional						
Forestry, traffic control, fish and game						
Inspection - pipe, power, etc.						
Experimental, testing						
Charter, sight-seeing, air taxi						
Crop treatment						
Helicopter						
Photography						
Stunting, racing						
Glider, sailplane, ultralight						
Skydiving, parachuting						
Military aircraft						

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____

Date _____