



Has the client flown or intend to fly prototype, experimental, or personally built aircraft, rotocraft, balloon or glider?

No  Yes If yes, please provide details: \_\_\_\_\_

If an aerial applicator, does the client fly an aircraft specifically and primarily built for aerial application (new generation aircraft)? If yes, provide details including make, model and year of the aircraft and % of application done in aircraft.

No  Yes \_\_\_\_\_

Has the client engaged in or do they contemplate engaging in any kind of flying not listed?  No  Yes

If yes, please provide details: \_\_\_\_\_

### **Military Flying**

Name of Military Organization: \_\_\_\_\_

Is the client a pilot?  No  Yes

If no, specify capacity in which the client flies: \_\_\_\_\_

Type of Aircraft Flown: \_\_\_\_\_

How long has client been flying this kind of aircraft? \_\_\_\_\_

If less than one year, specify aircraft previously flown: \_\_\_\_\_

Date of Last Flight: \_\_\_\_\_

Does the client fly for proficient only?  No  Yes

If yes, provide number of hours on proficiency flying per year: \_\_\_\_\_

If given a choice of the following, which would the client prefer:

Pay additional premium for coverage unrestricted by aviation activities?

Have an aviation exclusion included in the policy to exclude coverage for aviation activities

Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_