



Aviation Questionnaire
Policy # (if known): _____

- ☐ **American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York**, One World Financial Center, 200 Liberty St., New York, NY 10281
A member of American International Group, Inc. (AIG)

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Have you ever been a pilot or received flying instructions? ☐ yes ☐ no

2. Type of aviation certificate/license held ☐ Student ☐ Private ☐ Commercial

If commercial give details (i.e. transportation of employees, cropdusting) _____

3. Date certificate issued _____ Date of last renewal _____

4. Rating(s) ☐ Visual Flight Rules ☐ Instrument Flight Rules ☐ Airline Transportation Pilot Certificate

5. Type and model of aircraft (list all) _____

6. Have you been grounded, or had your certificate suspended or revoked? ☐ yes ☐ no

7. Have you ever had an aviation accident? ☐ yes ☐ no

8. Date medical certificate last renewed _____

9. Was medical certificate granted subject to limitations or physical waivers? ☐ yes ☐ no

10. Are you a member of the Air Force, Army, Navy, Coast Guard or in any other branch of the armed services (including Reserve or National Guard)? ☐ yes ☐ no

11. Is all aviation activity conducted in the United States or Canada? ☐ yes ☐ no

Date of last flight as a pilot or crewmember _____

Total hours flown as a pilot or crewmember _____

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
Scheduled Airlines					
Private Planes					
Student					
Instruction of Students					



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) _____

