



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

A Legal & General America Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

AVIATION QUESTIONNAIRE

Please give full details on all questions - types of planes, activities, etc.

Name _____ Date _____

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you have a currently valid pilot's license? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type, grade or class? _____ | | |
| Date last renewed _____ | | |
| Date issued _____ | | |
| Date of expiration _____ | | |
| 2. Has flying activity ended? If Yes, when? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Date of last flight as pilot or student pilot? _____ | | |
| 4. Do you have and maintain instrument flight rating? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total hours solo experience? _____ | | |
| 6. Have you ever been grounded, fined or reprimanded, or had your license revoked for aviation violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, explain _____ | | |
| 7. Do you have any restrictions, medical or otherwise, on your license? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, explain _____ | | |
| 8. Are you a paid pilot? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, explain type of activity _____ | | |
| 9. Type of aircraft flown or flown in? _____ | | |
| 10. Over what areas are flights made? _____ | | |
| 11. Do you serve as crew member only? | <input type="checkbox"/> | <input type="checkbox"/> |
| What are your duties aboard aircraft? _____ | | |
| 12. Are you, or have you been, a pilot or crew member of any | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> National Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Student | | |
| a. What branch? _____ In what capacity? _____ | | |
| b. Date of last flight in military aircraft? _____ | | |
| 13. Do you do any crop treatment work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of plane? _____ | | |
| Type of work? _____ | | |
| Type of spray, dust or other material used? _____ | | |
| 14. If a pilot or crew member, please complete appropriate information below: | | |

Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months	Type of Flying	Hours Past 12 Months	Hours Past 1-2 Years	Hours Est. Next 12 Months
Private flying, pleasure				Forestry, traffic control, fish and game			
Private flying, business				Inspection - pipe, power, etc.			
Scheduled airline				Experimental			
Non-scheduled airline				Testing			
Company-owned plane				Glider or sailplane			
Operating standards same as:				- Powered or			
- Scheduled airline				- Non-powered			
- Other							
Instructing				Stunting			
Student				Racing			
Photography				Helicopter			
Crop treatment				Other (describe fully)			
Charter, sight-seeing, air taxi							

- | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 15. If necessary to modify policy because of aviation, which of the following do you prefer? | Yes | No |
| a. Aviation coverage with payment of appropriate extra premium? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If death results from participating in aviation, restricted coverage limiting amount payable to the greater of | | |
| i) the return of premium with interest or ii) the statutory reserve, as stated in the Aviation Exclusion Endorsement? | <input type="checkbox"/> | <input type="checkbox"/> |

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 _____