BROOKFIELD PARTNERS

Aviation Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. How many hours has the proposed insured flown as a pilot or co-pilot?

COMMERCIAL

	Next 12 months	Past 12 months	Prior 12–24 months
Scheduled passenger airlines			
Employer-owned aircraft			
Non-scheduled / charter			
Military (specify):			
Crop dusting / aerial spraying			
Student instruction			
Exhibition / stunt flying			
Other (specify):			

NON-COMMERCIAL

	Next 12 months	Past 12 months	Prior 12–24 months
Pleasure			
Personal business transportation			
Instruction as a student			
Other (specify):			

2. What licensing, rating and FAA medical information does the proposed insured possess?

a) Certificate license:

☐ Student ☐ Private ☐ Commercial ☐ ATP

b) Does the proposed insured have an instrument flight rating? ☐ Yes ☐ No

c) Any other ratings? If yes, provide details below. ☐ Yes ☐ No

d) What class of FAA Medical Certificate does the proposed insured hold?

e) Date of the proposed insured's last FAA medical exam:

3. Civilian flying.

a) Does the proposed insured use anything other than public airports? ☐ Yes ☐ No

b) Has the proposed insured flown outside of the U.S.? ☐ Yes ☐ No

If no, does the proposed insured ever intend to? ☐ Yes ☐ No

c) Has the proposed insured flown a prototype, experimental or personally built aircraft, rotorcraft, balloon or glider? ☐ Yes ☐ No

If yes, provide details:

4. How many total lifetime hours has the proposed insured flown?

5. Any additional remarks?