

# Aviation Questionnaire



## Aviation Supplement to Life Insurance Application

If you have questions, contact Policy Services at 1-800-336-4538.

<b>1. INSURED</b>	Customer Number (if known)
Name (Last, First MI)	Social Security Number

## 2. CERTIFICATIONS

Current Pilot Certificates (Check all that apply)

☐ Student ☐ Private ☐ Commercial ☐ Airline Transport (ATP/ATR) ☐ Instructor ☐ Military Aviation Only

Current Ratings (Check all that apply)

☐ CFI (Certified Flight Instructor) ☐ IFR (Instrument Flight Rated) ☐ Other:

Have you ever been grounded, fined, reprimanded or your license revoked for aviation violations? ☐ Yes ☐ No

## 3. HOURS

Commercial

Private

Corporate

Military

Total Lifetime Flight Hours:

Last 12 Months Flight Hours:

Anticipated Next 12 Months Flight Hours:

## 4. TYPES

In the past 3 years have you flown (Check all that apply)

- ☐ Aerobatic Aircraft  
☐ Air Ambulance  
☐ Agriculture Aircraft (Crop Dusters)  
☐ Commercial/Employer Owned Aircraft  
☐ Experimental and/or Homebuilt  
☐ Air Taxi or Charter  
☐ Fire Fighting or Law Enforcement  
☐ Military Aircraft Only  
☐ Other:

For any checked types, please give details below such as aircraft type, number of hours in last 12 months, as pilot, or as instructor.

## 5. AUTHORIZATION

I agree this form is part of my application for life insurance with Armed Forces Mutual and failure to disclose any material information known to me regarding my piloting/instructing flight activities may invalidate the contract under the Two Year Contestable clause.

Insured Signature	Date Signed (mm/dd/yyyy)
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**When completed, email to: [PolicyServices@aafmaa.com](mailto:PolicyServices@aafmaa.com) or fax to: 1-888-210-4882.**

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