



## Aviation Supplement for other than Commercial Airline Pilots

1. What grade Federal Certificate do you hold? \_\_\_\_\_ Certificate Number? \_\_\_\_\_  
 Date of issue \_\_\_\_\_ Date of Last Renewal? \_\_\_\_\_
2. Are you intending to qualify for a higher grade of certificate? \_\_\_\_\_
3. Total flying hours to date as a pilot \_\_\_\_\_ Date of last flight as a pilot? \_\_\_\_\_
4. Are the planes you use regularly inspected or tested according to Federal Air Commerce Regulations? \_\_\_\_\_
5. Do you fly only within the United States? \_\_\_\_\_ If elsewhere, give details \_\_\_\_\_

6. Give particulars of all flights you have made, giving data for each year, and stating "none" where "none" and give your estimate of the flights you intend to make in the coming year:

| Private or Non-Scheduled Commercial Pilot                             | History of Past Flights |                 |                     |                 |                     |                 | Estimate of Future Flights for next 12 months |                 |
|---|-------------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---|-----------------|
|   | Last 12 months          |                 | 1-2 Years Ago       |                 | 2-3 Years Ago       |                 |   |                 |
|   | Number of Take-Offs     | Number of Hours | Number of Take-Offs | Number of Hours | Number of Take-Offs | Number of Hours | Number of Take-Offs                           | Number of Hours |
| Government Flying (Army, Navy, etc.)                                  |                         |                 |                     |                 |                     |                 |   |                 |
| Student Instruction as a student                                      |                         |                 |                     |                 |                     |                 |   |                 |
| Student Instruction as an instructor                                  |                         |                 |                     |                 |                     |                 |   |                 |
| Non-scheduled business flying only in either private or company plane |                         |                 |                     |                 |                     |                 |   |                 |
| Charter flying, sightseeing, and survey                               |                         |                 |                     |                 |                     |                 |   |                 |
| Test or stunt flying, or crop dusting                                 |                         |                 |                     |                 |                     |                 |   |                 |
| Any other private flying  |                         |                 |                     |                 |                     |                 |   |                 |

7. Have you ever been in an aircraft accident? \_\_\_\_\_ If so, give particulars \_\_\_\_\_
8. Have you ever been grounded for violation of Air Commerce Regulations? \_\_\_\_\_ If so, give particulars \_\_\_\_\_
9. Was your license granted subject to physical waiver? \_\_\_\_\_ If so, why? \_\_\_\_\_
10. Have you ever applied for a higher type of license and been refused? \_\_\_\_\_ If so, give complete particulars \_\_\_\_\_
11. If you pilot a company or privately owned plane, please give the name of the owner \_\_\_\_\_

**I HEREBY DECLARE that all the statemtns and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance dated \_\_\_\_\_.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Date of Birth