

# Aviation Questionnaire



## Aviation Supplement to Life Insurance Application

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

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

<b>2. CERTIFICATIONS</b>	
Current Pilot Certificates (Check all that apply) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport (ATP/ATR) <input type="checkbox"/> Instructor <input type="checkbox"/> Military Aviation Only	
Current Ratings (Check all that apply) <input type="checkbox"/> CFI (Certified Flight Instructor) <input type="checkbox"/> IFR (Instrument Flight Rated) <input type="checkbox"/> Other:	
Have you ever been grounded, fined, reprimanded or your license revoked for aviation violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3. HOURS</b>	<b>Commercial</b>	<b>Private</b>	<b>Corporate</b>	<b>Military</b>
Total Lifetime Flight Hours:				
Last 12 Months Flight Hours:				
Anticipated Next 12 Months Flight Hours:				

<b>4. TYPES</b>	
In the past 3 years have you flown (Check all that apply) <input type="checkbox"/> Aerobatic Aircraft <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Agriculture Aircraft (Crop Dusters) <input type="checkbox"/> Commercial/Employer Owned Aircraft <input type="checkbox"/> Experimental and/or Homebuilt <input type="checkbox"/> Air Taxi or Charter <input type="checkbox"/> Fire Fighting or Law Enforcement <input type="checkbox"/> Military Aircraft Only <input type="checkbox"/> 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.

<b>5. AUTHORIZATION</b>	
I agree this form is part of my application for life insurance with AAFMAA 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)

When completed, email to: [PolicyServices@aafmaa.com](mailto:PolicyServices@aafmaa.com) or fax to: 1-888-210-4882.