

## **PILOTS TERM LIFE INSURANCE QUESTIONNAIRE**

### **1. DETAILS OF INSURED**

<b>Name:</b>			
<b>Telephone No:</b>		<b>Mobile No:</b>	
<b>Facsimile No:</b>			
<b>Address:</b>			
<b>Gender:</b>	<b>FEMALE / MALE</b>		
<b>Email:</b>			
<b>Date of Birth:</b>			
<b>Height:</b>			
<b>Weight:</b>			
<b>Smoker:</b>	<b>YES / NO (if yes, kind and amount)</b>		

### **2. PILOT INFORMATION**

Please indicate classifications of licence/ratings held:-

**Indicate with an X**

Student Pilot	
Private Pilot	
Commercial Pilot	
Airline Transport	
Instructor – Fixed Wing	
Instructor – Helicopter	
Agricultural Pilot – Fixed Wing	
Agricultural Pilot – Helicopter	

### **3. TOTAL HOURS LOGGED:**

### **4. HOURS FLOWN LAST 12 MONTHS:**

### **5. DATE OF LAST MEDICAL:**

**Signature:** .....

**Date:** .....