

# Reliable Financial Group

A CPS Insurance Services, Inc. Affiliated Office  
Companies, Products, and Services

[www.relfingrp.com](http://www.relfingrp.com)

9116 E Sprague B202, Spokane, WA 99206  
 Local (509) 926-2569 Fax (509) 921-1755 Toll Free (800) 364-3110

## Aviation Questionnaire

<b>Client Name:</b>		<b>Date of Birth:</b> ___/___/___		<b>State of Issue:</b>		
<b>Face Amount:</b>		<b>Type of Ins</b> <input type="checkbox"/> UL <input type="checkbox"/> Term		<b>Yrs. Lvl</b> <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30		
<b>Agent:</b>		<b>E-mail:</b>		<b>Phone:</b>		
<i>If you should be given the choice of either of the following underwriting actions, which would you prefer?</i>						
a. <input type="checkbox"/> To pay an additional premium for coverage unrestricted as to aviation activities						
b. <input type="checkbox"/> To have an aviation exclusion endorsed on the policy						
<b>Total number of solo hours flown as a pilot</b>			<b>Date of last flight</b> ___/___/___			
<b>What type of certificate license do you have:</b> <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATR <input type="checkbox"/> Student			<b>Do you have Instrument Flight Rating?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What other ratings do you have? Specify:</b>						
<b>Class of FAA medical Certificate held?</b>			<b>Date of Last FAA Medical Examination</b> ___/___/___			
<b>Does your FAA medical certificate specify any operational limitations or any limit on duration?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>If Yes Specify:</b>						
<b>Have you ever been grounded, fined reprimanded, or had your license revoked for aviation violations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>If Yes provide specifics to include date(s):</b>						
<b>Have you flown or do you intend to fly outside the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes Specify:</b>						
<b>Do you use a Public Airport?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>**If No Specify:</b>						
<b>Do you own an aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, Make</b>		<b>Model</b>		
				<b>Home Build</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Business-related flying as a paid pilot or crew member or personal flying:</b>						
Type	Pilot	Crew	Hours Past 12 Mo.	Hours Past 12-24 Mo.	Hours Est. Next 12 Mo.	Type of Aircraft
Private flying, pleasure						
Private flying, business						
Scheduled airline						
Non-scheduled airline						
Company-owned plane						
Instructional						
Forestry, traffic control, fish and game						
Inspection – pipe, power, etc.						
Experimental, testing						
Charter, sight-seeing, air taxi						
Helicopter						
Photography						
Stunting, racing						
Glider, sailplane, ultra light						
Skydiving, parachuting						
<b>Crop Treatment</b>						
<b>*****If an aerial applicator, do you fly an aircraft specifically and primarily build for aerial application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Military Aircraft</b>						
<b>To what branch of military do you belong?</b> <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve						
<b>Do you ever fly from an aircraft carrier?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Do you fly into war zones?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes where?</b>						