



LARRY GORDON AGENCY, INC.

www.lganet.com

Chicago - Milwaukee - Rockford

Aviation Questionnaire

Broker Name: _____

Proposed Insured: _____

Date of Birth: _____

1. Indicate flying experience: Non-Commercial Commercial Military Pilot Crew Member Other
2. Current type of aviation certificate: _____
3. Has your certificate ever been suspended or revoked? Yes No If Yes, give details in Remarks.
4. Current class of medical certificate and expiration date: _____
5. Total hours flown as a pilot in command: _____
6. Do you have an Instrument Flight Rating (IFR)? Yes No Number of hours of IFR flying: _____
7. Do you fly outside the US? Yes No If Yes, give details in Remarks.
8. Have you had any aviation accidents/citations? Yes No If Yes, give details in Remarks.
9. Indicate number of hours flown in each category as a pilot, student pilot, or crew member:

		Type of Flying	Last 12 Months	Last 12-24 Months	Next 12 Months	Date of Last Flight
Non-Commercial						
	Student					
	Pleasure or Business					
	Other (Racing, Acrobatics, Stunt, etc. Describe in Remarks)					
Commercial						
	Scheduled Passenger Airline (Give employer in Remarks)					
	Non-Scheduled Passenger and/or Freight Airline					
	Flight Instruction					
	Corporate Owned Planes for Corporate Business					
	Testing (Describe type of testing and aircraft in Remarks.)					
	Crop-Dusting					
	Fire Fighting					
	Other (Describe type in Remarks.)					
Military						
	Active Duty					
	Reserve Duty					

10. Indicate total hours flown by aircraft type:

Civilian	Single Engine Airplane	Multi Engine Airplane	Helicopter	Home Built	Other
Hours flown in Past 12 Months					
Hours flown in Next 12 Months					

Military	Transport MAC	Fighter Bomber	Helicopter	Carrier Based	Proficiency Flying Only	Other
Hours flown in Past 12 Months						
Hours flown in Next 12 Months						

11. If an aviation extra premium is required do you prefer: Aviation Coverage or Aviation Exclusion Rider?

Remarks: _____

