



# Trinity Life Insurance Company

7633 East 63<sup>rd</sup> Place, Suite 230  
Tulsa, OK 74133  
Phone: (918) 249-2438 Fax: (918) 249-2478

## AVIATION QUESTIONNAIRE

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Section I For Pilots, Students and Crew Members:**

**Hours Flown** Total of Solo Hours Flown \_\_\_\_\_ Total Hours Flown \_\_\_\_\_ Estimated Hour Flying \_\_\_\_\_  
As Pilot or Crew Member: \_\_\_\_\_ In Past 12 Months: \_\_\_\_\_ In Next 12 Months: \_\_\_\_\_

**Section II Pilot Certificate currently held:**

Private  Instrument Flight Rating (IFR)  
 Student  Commercial  
 Airline Transport Rating (ATR)  Flight Instructor

Have you ever been grounded or had your license revoked?  Yes  No (If "Yes", give details in Remarks below)

**Section III Type of Flying:**

**Type Flying**  Pleasure  Freight Carrying or Passenger Service  
 Personal Business  Instructor  
 Crop Dusting  Other (Give details in Remarks below.)  
 Employer Aircraft or Employee Transportation

**Section IV Medical Certificate**

(a) Medical Certificate currently held:  class III  class II  class I  
(b) Date of last renewal Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(c) Was it denied by the Aviation Medical Examiner but eventually issued?.....  Yes  No  
(d) Was it necessary to appeal before Certificate was eventually issued?.....  Yes  No  
(e) Was Medical Certificate granted subject to limitations(s) or physical waivers(s)?.....  Yes  No  
**(If any of the above questions is answered "Yes", please give details in Remarks below.)**

**Section V Military Flying**

(a) Military Branch or Organization: \_\_\_\_\_  
(b) Type Aircraft: \_\_\_\_\_ Date of Last Flight: \_\_\_\_\_  
(c) If not pilot, specify capacity in which you fly: \_\_\_\_\_

**Section VI Other Type of Flying:**

(a) Have you ever flown or do you intend to fly:  
Ultralight, Biplane, Prototype, experimental or personally built or assembled aircraft?  Yes  No  
(If "Yes", complete Avocation Questionnaire, Page 8.)  
(b) Have you within the past 12 months, or do you contemplate flying in the Civil Air Patrol?  Yes  No  
(c) Do you contemplate a change from your present flying to commercial or military flying?  Yes  No  
(If "yes", give details in Remarks below.)

**Section VII Aviation Rates**

Should you not qualify for full coverage at standard rates, do you desire:

(a) Full coverage with extra premium, if available?  Yes  No  
(b) Restricted aviation coverage without extra premium, if available?  Yes  No

**Remarks:**

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Signed at: \_\_\_\_\_ (X) \_\_\_\_\_  
City and State Signature of Proposed Insured

Date: \_\_\_\_\_