

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

Subsidiaries of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

Proposed insured _____ Date of birth _____ Social Security # _____

1. Have you ever been a pilot or received flying instructions? Yes No

Type of aircraft _____

Type of license(s) and ratings _____

Date of issue _____

Date of last renewal _____

Date of last flight as a pilot or crew member _____

Civilian	Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
	Scheduled airlines					
	Private planes					
	Student					
	Crop duster agriculture specific (ag. category)					
	Converted conventional					
	Other (explain)					

Military	Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
	Regular					
	MAC (transports)					
	FLOGS (Fleet Logistic Air Wing)					
	National Guard or Reserve					
	Other (explain)					

2. Have you ever done, or do you contemplate:

- a. Instruction of students Yes No
- b. Stunt Flying Yes No
- c. Racing Yes No
- d. Helicopter Flying Yes No
- e. Glider Flying Yes No
- f. Test Flying Yes No
- g. Ultra Light Flying Yes No

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

X Owner _____ Date _____

Signed at (City, State) _____

X Witness _____ Date _____

X Proposed insured _____ Date _____
(If under age 15, signature of parent or guardian)