

The United States Life Insurance Company in the City of New York, New York, NY

In this questionnaire, the "Company" refers to the insurance company whose name is shown 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

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Have you ever been a pilot or received flying instructions? yes no

Type and model 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 _____

2. Have you ever been involved in an aircraft accident, had your license revoked or suspended, or been grounded for any reason? yes no

If yes, provide details _____

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)					
Crop duster converted conventional					
Bush pilot					
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)					

3. 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
- h. Other yes no

If any questions answered yes, please provide complete details _____

4. In the past five years, have you participated in, or do you intend to participate in flying: an experimental, home built, or an antique aircraft? yes no

If yes, please provide details _____

5. If available in your state, would you prefer an aviation exclusion rider instead of being rated for your aviation related activities? 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.

Signed at (City, State) _____

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