

AVIATION QUESTIONNAIRE

Supplement to Application of _____ Dated _____
 To: SHELTER LIFE INSURANCE COMPANY, Columbia, Missouri 65218-0001 Aviation Questionnaire

PLEASE GIVE FULL DETAILS ON ALL QUESTIONS—TYPES OF PLANES, ACTIVITIES, NAMES OF ORGANIZATIONS, ETC.

<p>1. Have you a current valid pilot's license? YES NO Grade of class? _____ Date issued? _____ Date last renewed? _____ Date of expiration? _____ a. If not, do you intend to renew it? <input type="checkbox"/> <input type="checkbox"/> b. Was it issued subject to physical waiver? (Why?) <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Has flying activity ended? <input type="checkbox"/> <input type="checkbox"/> a. When? b. Why?</p> <p>3. Have you ever been grounded or had your license revoked? <input type="checkbox"/> <input type="checkbox"/> a. When? b. Why?</p> <p>4. Do you serve as crew member only? <input type="checkbox"/> <input type="checkbox"/> a. What are your duties aboard aircraft?</p> <p>5. Are you, or have you been, a pilot or crew member of any military service <input type="checkbox"/> or National Guard <input type="checkbox"/> — active <input type="checkbox"/>, reserve <input type="checkbox"/>, or student <input type="checkbox"/>? <input type="checkbox"/> <input type="checkbox"/> a. What branch? In what capacity? b. Date of last flight in military aircraft?</p> <p>6. Do you belong to any pilot's association, aviation club, school or other organization? (Name?) <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Do you own your own plane? <input type="checkbox"/> <input type="checkbox"/> a. Who maintains the plane you fly?</p> <p>8. Do you do any crop treatment work? <input type="checkbox"/> <input type="checkbox"/> Type of Plane? _____ Usual height above ground? _____ Type of work? _____ Type of spray, dust or other material used? _____ a. Who maintains plane?</p>							
9. How many total hours have you flown as pilot?							
10. Type of flying, total hours flown in past 12 months, past 24 months, and estimated for next 12 months?							
Type of Flying	Hours Past 12 Months	Hours Past 24 Months	Hours Est. Next 12 Months	Type of Flying	Hours Past 12 Months	Hours Past 24 Months	Hours Est. Next 12 Months
Private flying, pleasure and/or business				Inspection—pipe, power, telephone lines			
Scheduled airline				Experimental			
Nonscheduled airline				Testing			
Company-owned plane				Racing			
Instructing				Stunting			
Student				Jet			
Photography				Glider or sailplane			
Crop treatment				Helicopter			
Charter, sight-seeing, air taxi				Other (describe fully)			
Forestry, traffic control, fish and game							
<p>I hereby declare that all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.</p>							
_____ Applicant's Signature				_____ Witness		_____ Date	