

United of Omaha Life Insurance Company

Aviation Questionnaire



NAME OF PROPOSED INSURED _____ BIRTH DATE _____

In continuation and forming a part of my application to United of Omaha Life Insurance Company and for the express purpose of inducing said Company to issue insurance upon my life, I submit the following. I declare that this information is complete and true, and that no material facts have been withheld.

1. Have you ever flown as a pilot or crew member, or do you intend to do so? ☐ Yes ☐ No

(a) What type of license or certificate do you hold? _____

Date of issue? _____ If expired, give date. _____ Do you intend to renew? _____

(b) Do you intend to qualify for a higher grade certificate? ☐ Yes ☐ No

If "Yes," when? _____

(c) Do you hold a current FAA medical certificate? ☐ Yes ☐ No

Date last renewed _____. If expired, do you intend to renew?

☐ Yes ☐ No When? _____.

2. Schedule of flying time	Hours as Pilot or Copilot			Hours as Passenger or Crew Member		
	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago	Contemplated Next 12 Months	Past 12 Months	One to Two Years Ago
COMMERCIAL (flying for pay)						
Scheduled passenger airline						
Employer-owned aircraft for employee transportation						
Crop dusting or aerial spraying						
Check flying of repaired or production line aircraft						
Student instruction						
Freight carrying or nonscheduled passenger service, charter or sight-seeing flying						
Other (describe below)						
MILITARY						
NONCOMMERCIAL (not flying for pay)						
Pleasure						
Personal business transportation						
Instruction as student						
Other (describe below)						

3. Total number of hours flown as a pilot

4. Have you ever flown in a prototype aircraft or do you intend to do so? ☐ Yes ☐ No

5. Date of last flight.

6. Do you contemplate any type of flying not indicated above? ☐ Yes ☐ No
If "Yes," explain in **part 8, "Additional Remarks."**

7. Have you ever had an aircraft accident or been grounded, fined or reprimanded for violation of air regulations?

8. ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS. Give details of all questions answered "Yes." (Use reverse side of form if necessary.)

I hereby represent 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 and become a part of any contract of insurance issued in consequence of such application.

Dated at _____ this _____ day of _____, _____

Witness _____ Signed _____

(To Be Signed by Witness)

(To be Signed by Proposed Insured)

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. BOX 2476 • OMAHA, NE 68103

ATTN: Life Brokerage Services