PO Box 291388 Kerrville, TX 78029



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Pilot Life Insurance Application

Policy Amount:   Policy Term:	1. GENERAL INFORMATION					
Address:    Total Logged Hours:   Total Hours - Last 12 Mos.:   Occupation:   Employer:   Employer:   Employer:   Employer:   FAA Medical (Class / Date):	Pilot's Name:			Heigl	ht: Ft. In.	
Phone: E-Mail:    Coverage Request   Policy Amount:   Policy Term:	Date of Birth:	☐ Male ☐ Female		Weigl	ht: Lbs.	
Phone:	Address:			Total Logged Hour	rs:	
Phone: E-Mail:   Employer:				Total Hours - Last 12 Mos	s.:	
2. COVERAGE REQUEST    Policy Amount:				Occupation	n :	
Policy Amount:   Policy Term:	Phone:			Employe	er:	
Policy Amount:   Policy Term:	E-Mail:			FAA Medical (Class / Date	e):	
Student Pilot   Instrument   1st Class Medical   In the past 3 years, have you flown (check all that apply):   Recreational Pilot   Multi-Engine Land   2st Class Medical   Aerobatic Aircraft   Experimental / Homebuilt   Light Sport Pilot   Helicopter   3st Class Medical   Aerobatic Aircraft   Experimental / Homebuilt   Light Sport Pilot   Helicopter   3st Class Medical   Aerobatic Aircraft   Offshore Helicopter   Private Pilot   CFI   No Accidents   Air Ambulance   Ultralight Aircraft   Air Ambulance   Ultralight Aircraft   Air Ambulance   Primary Instruction of Students   No Violations   Primary Instruction of Students   No Prima	2. COVERAGE REQUEST					
Student Pilot   Instrument   1st Class Medical   In the past 3 years, have you flown (check all that apply):	Policy Amount:			Policy Teri	m:	
Recreational Pilot   Multi-Engine Land   2nd Class Medical   Aerobatic Aircraft   Experimental / Homebuilt   Light Sport Pilot   Helicopter   3nd Class Medical   Agriculture Aircraft   Offshore Helicopter   Private Pilot   CFI   No Accidents   Air Ambulance   Ultralight Aircraft   Offshore Helicopter   No Accidents   Air Ambulance   Ultralight Aircraft   Offshore Helicopter   No Violations   Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instruction but other CFI work   No Primary Instruction of Students   No Primary Instr	3. PILOT EXPERIENCE FAA Certificat No:					
Light Sport Pilot	☐ Student Pilot	☐ Instrument	☐ 1 <sup>st</sup> Class Medical	In the past 3 years, have y	you flown (check all that apply):	
Private Pilot   CFI   No Accidents   Air Ambulance   Ultralight Aircraft   Commercial Pilot   Seaplane   No Violations   Primary Instruction of Students   No Primary Instruction but other CFI work	☐ Recreational Pilot	☐ Multi-Engine Land	☐ 2 <sup>nd</sup> Class Medical	☐ Aerobatic Aircraft	Experimental / Homebuilt	
Commercial Pilot   Seaplane   No Violations   Primary Instruction of Students   No Primary Instruction but other CFI work    3. HEALTH QUESTIONS (check "YES" or "NO")  a. Have you ever had a health condition that would affect the underwriting of this policy?   Yes   No b. Do you take any prescription medications?   Yes   No c. Has there been any occurrence of cardiovascular disease or cancer before the age of 60 in your natural parents or siblings?   Yes   No d. Have you used any tobacco or nicotine products?   Yes   No a. Never?   Yes   No b. Quit? (If Yes, please state when)   Yes   No c. Smoke cigarettes, less than a pack per day?   Yes   No d. Smoke cigarettes, more than a pack per day?   Yes   No e. Smoke cigars occasionally (Less than 12 annually)?   Yes   No f. Smoke cigars frequently (More than 12 annually)?   Yes   No g. Use smokeless tobacco, pipe, nicotine patch, or nicotine gum?   Yes   No f. Smoke is garried that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge.	☐ Light Sport Pilot	☐ Helicopter	☐ 3 <sup>rd</sup> Class Medical	☐ Agriculture Aircraft	☐ Offshore Helicopter	
Airline Transport Pilot	☐ Private Pilot	☐ CFI	☐ No Accidents	☐ Air Ambulance	☐ Ultralight Aircraft	
3. HEALTH QUESTIONS (check "YES" or "NO")  a. Have you ever had a health condition that would affect the underwriting of this policy?	☐ Commercial Pilot	☐ Seaplane	☐ No Violations			
a. Have you ever had a health condition that would affect the underwriting of this policy?	☐ Airline Transport Pilot	Glider	☐ No Waivers	Students		
knowledge.	a. Have you ever had a health condition that would affect the underwriting of this policy?					
	knowledge.			n this application are comp	plete and true to the best of my  Date:	