



PO Box 291388
Kerrville, TX 78029

Toll Free (800) 880-4545
Main (830) 257-1000
Fax (830) 792-1144
www.falconinsurance.com

Pilot Life Insurance Application

1. GENERAL INFORMATION

Pilot's Name:				Height:	Ft.	In.
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female			Weight:	Lbs.	
Address:				Total Logged Hours:		
				Total Hours - Last 12 Mos.:		
				Occupation :		
Phone:				Employer:		
E-Mail:				FAA Medical (Class / Date):		

2. COVERAGE REQUEST

Policy Amount:	Policy Term:
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3. PILOT EXPERIENCE

FAA Certificat No: _____

<input type="checkbox"/> Student Pilot	<input type="checkbox"/> Instrument	<input type="checkbox"/> 1 st Class Medical	<u>In the past 3 years, have you flown (check all that apply):</u>	
<input type="checkbox"/> Recreational Pilot	<input type="checkbox"/> Multi-Engine Land	<input type="checkbox"/> 2 nd Class Medical	<input type="checkbox"/> Aerobatic Aircraft	<input type="checkbox"/> Experimental / Homebuilt
<input type="checkbox"/> Light Sport Pilot	<input type="checkbox"/> Helicopter	<input type="checkbox"/> 3 rd Class Medical	<input type="checkbox"/> Agriculture Aircraft	<input type="checkbox"/> Offshore Helicopter
<input type="checkbox"/> Private Pilot	<input type="checkbox"/> CFI	<input type="checkbox"/> No Accidents	<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Ultralight Aircraft
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Seaplane	<input type="checkbox"/> No Violations	<input type="checkbox"/> Primary Instruction of Students	<input type="checkbox"/> No Primary Instruction but other CFI work
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Glider	<input type="checkbox"/> No Waivers		

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

Explain all YES answers (attach separate sheet, if necessary) : _____

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge.

Pilot's Signature: _____

Date: _____