

The following statements and answers supplement my application for life insurance dated (mm/dd/yyyy): ____ / ____ / ____

1. (a) Type of pilot license or certificate now held or last held.

☐ Student ☐ Private ☐ Commercial ☐ ATR ☐ Other (Specify under "Remarks".)

(b) Date of Issue (mm/dd/yyyy): ____ / ____ / ____

(c) Do you have an Instrument Flight Rating? ☐ Yes ☐ No

2. (a) Do you intend to keep your license in force or renew it? ☐ Yes ☐ No

(If renewal is not contemplated, explain under "Remarks".)

(b) If license is not in force, state date and reason for expiry under "Remarks".

(c) Does your FAA medical certificate specify any operational limitation or any limit on duration? ☐ Yes ☐ No

(If "Yes", explain under "Remarks".)

3. Do you own or have a share in an aircraft? (State type and if part ownership, state your interest under "Remarks") ☐ Yes ☐ No

4. Have you ever had an aircraft accident, or been grounded, fined or reprimanded for violation of air regulations? (If "Yes", explain under "Remarks".) ☐ Yes ☐ No

5. Have you flown, or do you intend to fly: (If "Yes" for either question, give full details under "Remarks".)

(a) A prototype, experimental, or personally built or assembled aircraft? ☐ Yes ☐ No

(b) A rotorcraft, balloon or glider? ☐ Yes ☐ No

6. (a) What is the total number of hours you have flown as a pilot? _____

(b) If you have given up flying, what is the approximate date of last flight as pilot (mm/dd/yyyy)? ____ / ____ / ____

7. Are you a member of any air branch of the service or military air reserve? ☐ Yes ☐ No

(If "Yes", explain under "Remarks".)

8. Using the table below state the number of HOURS flown in each of the past 2 years in each classification and estimate the number of HOURS of flying during the next 12 months.

Flying as Pilot		Between 1 and 2 Years Ago	Past 12 Months	Next 12 Months
Commercial Air Lines	Scheduled			
	Non-scheduled			
Charter Flying and Survey				
Instructor of Student Pilots				
Test or Experimental				
Crop Dusting				
Government Aircraft-Including Military and Civilian (Describe under "Remarks" branch of service and types of aircraft flown)				
Student				
Non-scheduled Business Flying-Employer Owned Aircraft				
Pleasure				
Other Flying as Pilot				
FLYING AS CREW MEMBER				
(Describe under "Remarks" duties and type of aircraft flown)				

REMARKS - (Use this space to amplify any answers.)

I represent that the above statements and answers are written as made by me or by the Proposed Insured (to whom the statements and answers relate if the applicant is other than the Proposed Insured) and are full, complete and true to the best of my knowledge and belief and agree that they will be a part of the contract of insurance if issued and that Penn Mutual, believing them to be true, will rely and act upon them.

Signed on (mm/dd/yyyy) ____ / ____ / ____ at, _____ State of _____

Witness

Signature of Proposed Insured

Signature of Applicant if other than Proposed Insured