

Risk Assessment– Pilot

Agent Name:				
Address:				
Email:				
Phone:				
Applicant Name:				
Date Of Birth:				
Sex:	Ма	le	Fe	male
Height/Weight:				
Occupation:				
Death Benefit:				
Type of Product:	Term	UL	Whole Life	2nd To Die
Has Client EVER Used To- bacco? YES NO	Date of Las	st Use	:	
Specify All Types of Nicotine Used:	Cigarettes Other:		Cigar	Ріре
Does Client Have IFR? (Instrument Flight Rating)	·	Yes		Νο
What level of licenses or Certificates does client hold?				
Is client's FAA medical Certificate current?		Yes		Νο

How many total hours has Client flown?	
What is the purpose for Flying?	
What type(s) of aircraft Does client fly?	
How many hours did client Fly last year?	
How many flight hours are Planned for next year?	
Date of last flight?	

Additional Comments:

This Questionnaire Must Accompany Your Formal Application.

FSA Preliminary Assessment:_____