

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:_____