



AVIATION DIVISION

Application Supplement—Pilot Disability Insurance

Proposed Insured: FIRST _____ MIDDLE _____ LAST _____

Date of Birth: _____ **TODAY'S DATE:** _____

Piloting Experience: _____ HOURS

	AS PILOT OR COPILOT		
	ESTIMATE NEXT 12 MONTHS	IN PAST YEAR	1 TO 2 YEARS AGO
AS STUDENT IN TRAINING			
FOR BUSINESS REASONS			
FOR PLEASURE			
AS FLIGHT INSTRUCTOR			
NON-SCHEDULED IN COMPANY OWNED PLANES			
NON-SCHEDULED ON CHARTERED FLIGHTS			
MILITARY (SPECIFY BRANCH OF SERVICE)			
TESTING OR EXPERIMENTAL FLIGHTS			
AGRICULTURAL FLYING			
CIVIL AIR PATROL, MAPPING, SURVEYING, ETC.			
OVERSEAS FLYING			
OTHER			

If Agricultural pilot, indicate agricultural flying experience: _____ hours

Pilot Certificate Currently Held: Student Private Flight Instructor Commercial
 Instrument Flight Rating Airline Transport Rating (ATR)
 Rotorcraft Multi-Engine

Date of Issue: _____ Date of Last License Renewal: _____

Date of Last FAA Biannual Exam _____ Class _____ Date of Last Flight as Pilot: _____

Have you ever been in an aircraft accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your pilot's license suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you contemplate a change in your present flying activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give details of any yes answer: _____		

Remarks—include description and models of aircraft being flown: _____

I declare that the above statements and answers are complete and true to the best of my knowledge and belief. I request that this supplement form part of any pending application to Petersen International Insurance Brokers.

Signed at: _____ Date: _____
(City, State) (Month/Day/Year)

Producer: (print) _____

Phone: _____ Fax _____
Signature of Proposed Insured

PETERSEN INTERNATIONAL UNDERWRITERS
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