

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

*Subsidiaries of American International Group, Inc.*

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

## Proposed Insured

Proposed insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Have you ever been a pilot or received flying instructions?  Yes  No

Type of aircraft \_\_\_\_\_

Type of license(s) and ratings \_\_\_\_\_

Date of issue \_\_\_\_\_

Date of last renewal \_\_\_\_\_

Date of last flight as a pilot or crew member \_\_\_\_\_

Civilian	Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
	Scheduled airlines					
	Private planes					
	Student					
	Crop duster agriculture specific (ag. category)					
	Converted conventional					
	Other (explain)					

Military	Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
	Regular					
	AMC (transports)					
	FLOGS (Fleet Logistic Air Wing)					
	National Guard or Reserve					
	Other (explain)					

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2. Have you ever done, or do you contemplate:

- a. Instruction of students       Yes       No
- b. Stunt Flying                       Yes       No
- c. Racing                               Yes       No
- d. Helicopter Flying               Yes       No
- e. Glider Flying                       Yes       No
- f. Test Flying                         Yes       No
- g. Ultra Light Flying               Yes       No

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

**X** Owner \_\_\_\_\_ Date \_\_\_\_\_

Signed at (City, State) \_\_\_\_\_

**X** Witness \_\_\_\_\_ Date \_\_\_\_\_

**X** Proposed insured \_\_\_\_\_ Date \_\_\_\_\_  
*(If under age 15, signature of parent or guardian)*