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## AVIATION SUPPLEMENT

Name of Proposed Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

LIST TYPE(S) OF CERTIFICATE(S) PRESENTLY HELD:	CERTIFICATE NO.:	ISSUE DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**1. Check type(s) of flying you do:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> STUDENT (LEARNING)                         | <input type="checkbox"/> PERSONAL PLEASURE/PRIVATE     | <input type="checkbox"/> BUSINESS/PRIVATE      |
| <input type="checkbox"/> COMMERCIAL AIRLINE (PILOT, CO-PILOT, CREW) | <input type="checkbox"/> INSTRUCTOR (STUDENTS, OTHERS) | <input type="checkbox"/> AIRLINE TRANSPORTS    |
| <input type="checkbox"/> CHARTER, TAXI OR BUSH                      | <input type="checkbox"/> HELICOPTER                    | <input type="checkbox"/> GLIDER                |
| <input type="checkbox"/> CROP-DUSTING OR STUNT                      | <input type="checkbox"/> PARACHUTING AND/OR SKY DIVING | <input type="checkbox"/> TEST:                 |
| <input type="checkbox"/> OTHER (EXPLAIN): _____                     |  | <input type="checkbox"/> EXPERIMENTAL AIRCRAFT |
|   |  | <input type="checkbox"/> PRODUCTION LINE       |

**2. Check type(s) of Military flying you do:**

- |  |   |   |  |                                    |
|--|---|---|--|------------------------------------|
| <input type="checkbox"/> ROTC                      | <input type="checkbox"/> STUDENT        | <input type="checkbox"/> CREW MEMBER            | <input type="checkbox"/> PARATROOPS AND/OR AIRBORNE INFANTRY | <input type="checkbox"/> PASSENGER |
| <input type="checkbox"/> NATIONAL GUARD OR RESERVE | <input type="checkbox"/> FLIGHT SURGEON | <input type="checkbox"/> OTHER (EXPLAIN): _____ |  |                                    |

Are you now on flying status drawing flight pay?  YES  NO

⇒ If "yes," is your annual flying time in military aircraft:  LESS THAN 100 HOURS  MORE THAN 100 HOURS

**3.** Total flying hours as a pilot: \_\_\_\_\_ **6.** Flying hours 1-2 years ago: \_\_\_\_\_

**4.** Total solo flying hours: \_\_\_\_\_ **7.** Estimated flying hours next 12 months: \_\_\_\_\_

**5.** Flying hours last 12 months: \_\_\_\_\_ **8.** Date of last flight: \_\_\_\_\_

**9.** Have you ever been in an aircraft accident?  YES  NO

**10.** Do you fly outside the continental United States?  YES  NO

⇒ If "yes," please explain:

\_\_\_\_\_  
 \_\_\_\_\_

**11.** Have you ever been grounded for air commerce violations?  YES  NO

⇒ If "yes," please explain:

\_\_\_\_\_  
 \_\_\_\_\_

## AVIATION SUPPLEMENT (CONTINUED)

**12.** Was your license granted subject to physical waiver?  YES  NO

**13.** Are the planes you fly regularly inspected or tested according to Federal air commerce regulations?  YES  NO

**I hereby represent that all of the above statements and answers to all the above questions are complete and true.**

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*Signature of Proposed Insured*

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*Date*