



Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial companies.

Policy is issued by the company named at the beginning of this application.

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED: _____

A. PILOTS ONLY

- Do you hold a valid FAA Medical Certificate? Yes No
If Yes: a. What class: _____ Original issue date: _____
 b. Was the medical certificate issued under a special issuance or with any restrictions? Yes No
If Yes: Special issuance Restriction For what condition? _____
- Do you hold a valid FAA Airman Certificate? Yes No
If Yes: a. What type: Student Sport Recreational
 Private Commercial Airline transport
 b. What class: Airplane Rotorcraft Powered lift
 Glider Lighter than air Other _____
 c. What rating: Single engine Multi-engine Instrument rating
 Sea Land Other _____
- a. What is the make and model of the primary aircraft that you currently fly?
 Make: _____ Model: _____
 b. Who owns the aircraft listed above? _____
 c. **If self, do you have a valid aircraft insurance policy?** Yes No
- Have you ever been in any aviation accidents; received any FAA safety violations? **If Yes, provide details in section D.** Yes No

5. Flight time in hours:

Total Time	All Aircraft	Primary Aircraft	Hours of IFR Flying	Military – Primary Aircraft:	If Flown:	
					Rotorcraft	Glider
Pilot in Command (PIC)						
Instructor						
Last 24 Months						
Last 12 Months						
Total Time						
Next 12 Months						

B. CREW MEMBERS ONLY

- Describe duties aboard the aircraft: _____
- What is the make and model of the primary aircraft that you are a crew member of?
 Make: _____ Model: _____
- Flight time in hours: Last 24 months: _____ Last 12 months: _____ Total time: _____ Next 12 months: _____

C. FUTURE FLIGHT PLANS (ALWAYS COMPLETE)

- Do you plan to fly a different aircraft within the next 24 months? Yes No
If Yes, provide details. What are the make(s) and model(s) of the aircraft you plan to fly?
 Make: _____ Model: _____ Anticipated date: _____
 Make: _____ Model: _____ Anticipated date: _____
- Within the next 24 months, do you plan that your future flying will be of a different nature, including aerobatic flight, stunt flying or racing? **If Yes, provide details in section D.** Yes No

D. DETAILS

E. SIGNATURES

To the best of my knowledge and belief, the above statements are complete, true and correctly recorded.

→ **X** _____ Date ____ / ____ / ____ **X** _____ Date ____ / ____ / ____

Signature of proposed insured *Signature of producer*

