



J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Avocations – Pilot

Producer _____ Phone _____

Client _____ Age/DOB _____ Sex _____

Height _____ Weight _____ Tobacco use? _____

1. What type of certification do you have (private, recreational, sport, commercial, airline transport, student, etc.)? Is your license active?

2. Do you have an Instrument Flight Rating? Yes or No _____
3. Total number of hours flown? _____ Total solo hours? _____ Date of last flight? _____ How many hours do you plan to fly in the next 12 months? _____ How many hours have you flown in the past 12 months? _____ Past 24 months? _____
4. Have you flown in a military capacity? _____ If so, please provide dates and details.

5. What type of flying do you engage in (recreational, flight instructing, scheduled airline, charter, bush, freight, crop dusting, advertising, aerobatics, air ambulance, other—please describe)?

6. Do you fly for business purposes? If so, please provide details to include the company you work for, type of flying and if you are compensated

7. If you fly for business purposes, are the operating standards under which you fly the same as scheduled airlines?

8. Have you ever been involved in an accident or been grounded? If so, please provide details. _____

9. Have you ever had any medical restrictions placed on your license? _____

10. What types of aircraft do you fly? Please specify number of hours per year in each type. _____

11. Do you fly home-built, prototype, or experimental aircraft? If so, please provide details to include how many hours the plane has been in the air.

12. Do you do any international flying? If so, please provide locations. _____

13. Do you have any additional qualifications as a pilot not mentioned above? _____

14. Please let us know if you are involved in any other aviation-related activities such as skydiving, hang gliding or if you are a crew member other than for commercial airlines. _____

