



Avemco-Sponsored Term Life Insurance brought to you by Pilot Insurance Center

Term Life Insurance Quote Form

SELECT THE COVERAGE AND TERM TO SUIT YOUR SPECIFIC NEEDS

Quote Amount: [ ] \$250,000 [ ] \$500,000 [ ] \$1,000,000 [ ] Other \$ (\$100,000 minimum)
Term Plan: [ ] 10-Year Level [ ] 15-Year Level [ ] 20-Year Level [ ] 30-Year Level [ ] Universal Life

PERSONAL

Name:
Address:
City: State: Zip:
Phone: Cell:
Email: [ ] Yes, please email me the latest Avemco newsletter, On Approach
Sex: [ ] Male [ ] Female Date of Birth: Height: ft. in. Weight: lbs.
Occupation/Employer:

AVIATION

Do you fly for: [ ] Income [ ] Pleasure List all aircraft that you own, have flown in the past 3 years, or intend to fly:
Certificate Held: [ ] Student [ ] Recreational [ ] Sport [ ] Private [ ] Commercial [ ] ATP Date of last medical: / /
Additional Ratings: [ ] Current Instrument [ ] Multi-Engine [ ] Instructor [ ] Other:
Total Logged Hours: Hours flown in last 12 months: Hours expected next 12 months:
In the past 3 years, have you flown in any of these capacities? (Please check all that apply)
[ ] Primary Instructor [ ] Aerobatic [ ] Agricultural [ ] Air Ambulance [ ] Experimental or Homebuilt [ ] Offshore [ ] Rotorcraft [ ] Ultralight
Have you ever had an aviation accident or incident? [ ] Yes\* [ ] No Any FAR violations? [ ] Yes\* [ ] No \*If Yes, please explain:

ACTIVITIES

Do you intend to travel or reside outside of the U.S. or Canada within the next two years? [ ] Yes\* [ ] No If Yes, country:
In the past three years, have you participated in sky or scuba diving, hang gliding or racing of any kind? [ ] Yes\* [ ] No
In the past three years, have you received three or more driving citations, had a license suspension, or been convicted of DUI? [ ] Yes\* [ ] No
\*If Yes, please explain:

MEDICAL

Have you ever had a medical condition that may affect the underwriting of this policy? [ ] Yes\* [ ] No
Do you take any prescription medications? [ ] Yes\* [ ] No
Do you use tobacco/nicotine now? [ ] Yes\* [ ] No In the last 3 years? [ ] Yes\* [ ] No If Yes, date last used: / /
Has there been any occurrence of cardiovascular disease or cancer before the age of 60 in natural parents or siblings? [ ] Yes\* [ ] No
\*If Yes, please explain:

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Return To: Avemco Insurance Agency, Inc. | c/o Pilot Insurance Center | 16415 Addison Road, Suite 525 | Addison, TX 75001-9675