



Nassau Life and Annuity Insurance Company
 PO Box 22012
 Albany, NY 12201-2012
 Underwriting Service Center

Aviation Application Supplement

1. Have you flown during the past 3 years as a student pilot, pilot, crew member, or with any other duties aboard any aircraft in flight? If "NO", answer only questions 2c, 5 and 6. Yes No

2. COMPLETE THIS SCHEDULE (Indicate type of flying and hours flown)	A. Approximate Hours as Pilot and Co-Pilot				B. Approximate Hours as Crew Member			C. Approximate Hrs. as Passenger	
	Est. Next 12 Mos.	Last 12 Mos.	1-2 Yrs. Ago	2-3 Yrs. Ago	Est. Next 12 Mos.	Last 12 Mos.	1-2 Yrs. Ago	Next 12 Mos.	Last 12 Mos.
As student								XXX	XXX
Private aircraft									
Company owned aircraft									
Commercial airlines on schedule									
Non-scheduled or chartered aircraft									
As instructor									
Testing, experimenting; crop dusting, helicopter glider, balloon									
Military Aircraft									
Any other flying (Explain in #11)									

3. a. Date of first flight as pilot? c. Approximate hours of piloting experience since receiving private license?
 b. Date of last flight as pilot? d. Type of license or certificate now held?

4. Have you ever held an airline transport (ATR), commercial pilot certificate, or instrument flight rating (IFR)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. DETAILS of "Yes" answers. Also explain above answers when necessary to describe type of flying or nature of exposure to any hazards of aviation.
5. a. Do you own or plan to own an aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have you flown in any capacity for a company, organization or individual owning an aircraft? (If a. or b. is "Yes", state type of aircraft, where maintained and details in #11)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever made or do you contemplate making experimental, exhibition, test, record or demonstration flights?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever been in an aircraft accident?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever been grounded or had your license revoked for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you within the past two years, or do you contemplate flying outside the continental U.S. as a pilot or crew member?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you currently flying as a pilot or crew member in military planes? If "Yes", state: a. Branch of Service b. Your rank c. Duty assignment d. Type of military aircraft flown	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby declare that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief and I agree that they shall form a part of my application for insurance.

Dated at _____ Date _____
CITY AND STATE

 WITNESS PROPOSED INSURED SIGNATURE
PLEASE PRINT PROPOSED INSURED NAME