Aviation Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth

Please answer each question *truthfully*, *accurately* and *completely* and where appropriate, provide particulars.

1. What type of license do you hold?

2. If you are a commercial airline pilot or crewmember, please give the name of your employer.

3. If you fly a privately owned or chartered aircraft/helicopter, please indicate the average number of hours flown:

	To Date	Past Year	Anticipated Next Year
Private or club flying for pleasure			
Private flying for business			
Private flying for other purposes, please specify (e.g., agricultural)			

4. What types of aircraft do you presently fly and are you likely to fly in the future?

5. Please indicate routes or areas you fly over.

6. Are you involved or likely to be involved in any of the following types of flying:

   a) Experimental or test flying (indicate whether for routine airworthiness or prototype testing)?

   b) Competitions, record attempts, aerobatics, stunts or exhibitions?

   c) Instruction (indicate whether club or commercial, ab initio or advanced)

7. If you are engaged, or are likely to be engaged, in flying as a member of the armed forces, please state:

   a) the branch of the armed forces you are or will be serving in

   b) your rank

   c) the capacity in which you fly or expect to fly (e.g., pilot or other aircrew)

   d) the nature and extent (i.e., number of hours per annum) of your flying or expected flying

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

_____   _____
Signature over printed name of Proposed Insured   Date

Allianz ⑪