Aviation Questionnaire Policy # (if known):

New York Version

The United States Life Insurance Company in the City of New York 28 Liberty Street, 45th Floor, New York, New York 10005-1400

In this form, the "Company" refers to the insurance company named above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

| Pr | oposed Insured | | | | | | | | | |
|------------|---|--|-----------------------------|----------------------|--------------|-------------------|----|--|--|--|
| First Name | | MI | Last Name | Date of Birt | h | Social Security # | | | | |
| | Have you ever been a pilot or re Type of aviation certificate/licen If commercial give details (i.e. tr | se held | □ Student □ Private □ | Commercial | | | | | | |
| 4. | Date certificate issued Rating(s) | s 🗆 lı | nstrument Flight Rules 🛛 Ai | rline Transportation | n Pilot Ceri | tificate | | | | |
| | Have you been grounded, or had Have you ever had an aviation a | | | | | | | | | |
| | Date medical certificate last ren | | | | | yes 🗆 | no | | | |
| | Was medical certificate granted | | | ivers? | | 🗆 yes 🗆 | no | | | |
| 10. | Are you a member of the Air For (including Reserve or National G | | | | | | no | | | |
| 11. | Is all aviation activity conducted in the United States or Canada? \Box yes \Box | | | | | | | | | |
| | Date of last flight as a pilot or cr | ewmen | 1ber | | | | | | | |
| | Total hours flown as a pilot or cr | Total hours flown as a pilot or crewmember | | | | | | | | |

Civilian

| Type of flying as a pilot | Hours: Total all flights | Hours: Last 12 months | Hours: 1–2 years ago | Hours: 2–3 years ago | Estimate of future hours next 12 months |
|---------------------------------|--------------------------------|-----------------------------|----------------------------|----------------------------|---|
| Scheduled Airlines | | | | | |
| Private Planes | | | | | |
| Student | | | | | |
| Instruction of Students | | | | | |



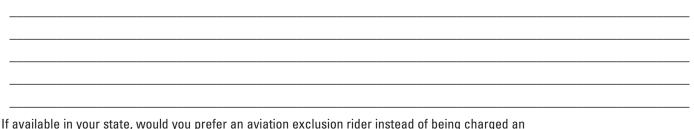
Civilian

| Type of flying as a pilot | Hours: Total all flights | Hours: Last 12 months | Hours: 1–2 years ago | Hours: 2–3 years ago | Estimate of future hours next 12 months |
|---------------------------------------|--------------------------------|-----------------------------|----------------------------|----------------------------|---|
| Crop Duster Agriculture Specific | | | | | |
| Crop Duster Converted Conventional | | | | | |
| Bush or Charter | | | | | |
| Stunt or Racing | | | | | |
| Helicopter | | | | | |
| Test Model | | | | | |
| Glider or Ultra Light | | | | | |
| Experimental, Home Built or Antique | | | | | |
| Other (explain) | | | | | |

Military

| Type of flying as a pilot | Hours: Total all flights | Hours: Last 12 months | Hours: 1–2 years ago | Hours: 2–3 years ago | Estimate of future hours next 12 months |
|---------------------------------|--------------------------------|-----------------------------|----------------------------|----------------------------|---|
| Active Duty | | | | | |
| National Guard or Reserve | | | | | |
| Other (explain) | | | | | |

If any question 6 - 11 answered YES, please provide complete details:



12. If available in your state, would you prefer an aviation exclusion rider instead of being charged an extra premium for your aviation related activities?

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that any material misrepresentation of fact by me may invalidate the contract.

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Proposed Insured Signature

X

Signed at (city, state)

Signed on (date)

If under age 14 1/2, signature of parent or guardian) AGLC108102-NY-2015

