☐ **Nationwide Life Insurance Company**
☐ **Nationwide Life and Annuity Company**

One Nationwide Plaza
Columbus, OH 43215-2220

Civil Aviation Questionnaire

Name		Birthdate	

1. What type of Aviation do you engage in?	
Civilian Commercial Aviation (Flying for pay)	Civilian Non-Commercial (Not flying for pay)

2. What type of Pilot Certificate do you hold? (Indicate all that apply)		
Student Pilot	Commercial Pilot	Flight Instructor Certificate
Private Pilot	Airline Transport Pilot	Instrument Flight Rating

3. What type of Aircraft do you fly? (Check all that apply.)
Scheduled U.S. and Canadian Passenger or Freight airlines
Company or Corporate owned Plane. Type:
Other: Type of plane and purpose of flights:

4. Solo hours flown as a pilot:		Instrument time logged in past year:	

5. Schedule of Flying Time:		Number of Hours Flown		
Flying Capacity:	Date of last flight	Past 12 Months	1 to 2 Years Ago	Estimated Next 12 Months
Pilot or Co-pilot				
Student Pilot				
Crew Member				

		Yes	No
6.	Have you ever had an aircraft accident or been grounded, fined or reprimanded for violation of any air regulations?		
7.	Have you ever done or do you contemplate crop dusting, stunting, racing, exhibition, testing, or experimental flying?		
8.	Have you ever participated in or do you intend to participate in student instruction, charter, sight seeing, or photographic work?		
9.	Have you ever flown or do you contemplate flying in gliders, lighter-than air, or jet aircraft?		
10.	Do you intend to fly outside the continental United States or Canada?		

Question #	Details of Any "Yes" Answers

Should the company determine that the above described aviation activities are too hazardous for standard rates, either a rating or an Aviation Exclusion Provision will be required. If such is the case, which is preferred?	
	A rating which provides worldwide coverage for the aviation hazard.
	An Aviation Exclusion Provision which excludes the aviation hazard from coverage.

I agree that all of the answers on this amendment are complete and true to the best of my knowledge and belief and that this amendment will become a part of the policy and the basis of any insurance issued.

Signed at _____ on _____

_____ _____

Signature of Agent Signature of Proposed Insured