NATIONAL® WESTERN LIFE INSURANCE COMPANY

AVIATION QUESTIONNAIRE SUPPLEMENT TO APPLICATION

Please print and complete each question. Furnish complete details in Question 12.

Name of Proposed Insured _____ File Number _____

1. What are your total number of hours flown as a pilot? _____
2. What was the date of your last flight? _____
3. Flying time and capacity: ❑ Pilot ❑ Co-pilot ❑ Crew Member ❑ Passenger

Type of Flying	Hours of Flying		
	Next 12 Months	Past 12 Months	1 to 2 Years Ago
Flying For Pay			
Flying Without Pay			
Military			

4. Describe the types of flying (e.g. scheduled passenger, instruction, pleasure, as student, cropdusting, transportation, etc.) during the past two years and anticipation for the next one year.

_____

	Yes	No
5. Do you land on other than asphalt or concrete runways?	❑	❑
6. Do you land on runways that do not have instrument flight guidance equipment?	❑	❑

7. In what types of aircraft do you fly? _____
   Where are they maintained? _____
8. What pilot certificate do you currently hold? ❑ Student ❑ Private ❑ Commercial ❑ Flight Instructor
   ❑ Airline Transport Rating (ATR) ❑ Instrument flight rating
   Pilot Certificate Number _____
   Date of Issue _____ Date of Expiry _____
   Was pilot certificate granted with any restrictions? _____

	Yes	No
9. Have you flown, or do you intend to fly a balloon, sailplane, prototype, experimental, ultralight, or personally built or assembled aircraft?	❑	❑
10. Have you flown, or do you intend to fly outside your country of residence?	❑	❑

11. Should you not qualify for desired coverage on a standard basis, do yo prefer the policy to be issued with
    ❑ An extra premium or ❑ An aviation exclusion rider
12. **Details:** _____

To the best of my knowledge and belief, all statements and answers to questions on this Supplement to Application are complete and true. I agree that they shall form a part of my application for insurance and that they shall become part of any contract of insurance issued as a result of such application.

Dated at _____ this _____ day of _____, 19 _____.

_____ **X** _____

Signature of Agent Signature of Proposed Insured

NATIONAL WESTERN LIFE INSURANCE COMPANY
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