AVIATION QUESTIONNAIRE

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b. Are you a pilot? If "No", specify capacity in which you fly in "Remarks" section b				
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c. Type of aircraft flown:				
d. How long have you been flying in this kind of aircraft?				
e. Date of last flight: Do you fly for proficie			Yes □ No	
COVERAGE PREFERENCE: If given a choice of the following, which ONE option wou				
a. Pay additional premium for coverage unrestricted by aviation activities?			les □ No	
bOR- Aviation exclusion included to exclude coverage for aviation activities?				

