

SkySmith Insurance Agency
(800) 743-1439 * Fax (515) 964-0431

Pilot Life Insurance Quote Request
Please contact me with a life insurance quote.

Name: _____
Address: _____
City: _____
State: _____ E-mail: _____
Zip: _____
Best number to contact me during the day:

Date of birth: _____

Pilot ratings: _____
If you are a CFI,
Approximately how many hours per year are instruction _____ and personal

Model of plane flown: _____ Experimental?

Total Hours flown to date: _____

Hours in make and model: _____

Hours flown: last 12 months: _____ next 12 months: _____

Are you a tobacco user?

Any family health problems or history?
Please describe: _____

Any chronic conditions (high blood pressure, migraines, etc.)?

Amount of coverage desired: _____
(Example \$250,000, \$500,000)

How long of term:

Do you currently have life insurance?

Will this be replacing any existing coverage?