



Air Capital of the World P.O. Box 12750 | Wichita, KS 67277  
316.942.0699 | 1.800.826.4442 | fax 316.942.1260 | www.pimi.com

## PIM Life Insurance Quote Sheet:

### Personal Information:

\_\_\_\_\_  
First Name                      M.I. Last Name                      Date of Birth                      Sex

\_\_\_\_\_  
Height (ft., In.)      Weight (lbs.)                      Please contact by: Email  Phone

\_\_\_\_\_  
Home Phone                      Work Phone                      Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

### Policy Information:

\_\_\_\_\_  
Policy Amount(s) Requested                      Term(s) Requested (ex. 10, 20, 30 year)

#### I may also be interested in:

- Return of Premium Term Policy
- Guaranteed Universal Life Policy
- Survivorship Universal Life Policy
- Annuities
- Estate Policies

\*Additional information may be needed by selecting above checkboxes. An agent will follow up accordingly.

**Pilot Information:**

\_\_\_\_\_  
Pilot Status or Certificate

\_\_\_\_\_  
List all aircraft you own, have flown in the past 3 years, or intend to fly.

\_\_\_\_\_  
Total Time

\_\_\_\_\_  
Hours Last 12 Months

\_\_\_\_\_  
Estimated Next 12 Months

\_\_\_\_\_  
Medical Class

\_\_\_\_\_  
Date of Last Medical

**Ratings:**

Instrument

Helicopter

CFI

Multi-Engine

Seaplane

Glider

**In the past 3 years, have you flown: (Please check all that apply)**

Primary Instruction to Students

Air Ambulance

No Primary Instruction but other CFI work

Experimental and/or Homebuilt

Aerobatic Aircraft

Other Commercial Fling for Hire

Agricultural Aircraft

Ultralight Aircraft

**Health Information:**

**Have you ever had a health condition that would affect the underwriting of this policy?**

No  Yes

**Do you take any prescription Medications?**

No  Yes

**Have you used any tobacco or nicotine products?**

Never

I quit in \_\_\_\_\_ (month) \_\_\_\_\_ year

I smoke Cigarettes, less than a pack per day

I smoke Cigarettes, more than a pack a day

I smoke Cigars occasionally - celebratory; 1-2 per year maximum

I smoke Cigars more than 12 annually

I use a Smokeless Tobacco, Pipe, Nicotine Patch or Gum

**Has there been any occurrence of cardiovascular disease or cancer before the age of 60 in natural parents or siblings?**  No  Yes

**Any additional comments:**

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