



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:
