



**BROKERAGE GROUP  
INTERNATIONAL, LLC**

**Pilot Questionnaire**

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Insurance Amount \_\_\_\_\_ Insurance Type:  Term  Universal Life  Whole Life

Death Benefit: \_\_\_\_\_  Second to Die  Variable

Have you ever used tobacco or nicotine products?  Yes  No

If yes, what type of product did you use?  Cigarettes  Cigar  Pipe  Other

**PILOT INFORMATION**

1. Do you have an Instrument Flight Rating?  Yes  No

2. What level of license/certificate do you hold? \_\_\_\_\_

3. Is your FAA medical certificate current?  Yes  No

4. How many total hours have you flown? \_\_\_\_\_

5. What is the purpose of your flying? \_\_\_\_\_

6. How many hours did you fly last year? \_\_\_\_\_

7. How many planned for next year? \_\_\_\_\_

8. What type(s) of aircraft do you fly? \_\_\_\_\_

9. Date of last flight: \_\_\_\_\_

10. Additional Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_