

- The Ohio National Life Insurance Company
 Ohio National Life Assurance Corporation/*Cincinnati*

Aviation Questionnaire

1. Full Name (first, middle initial, last)

2. Type of license currently held: Student Recreational Private Commercial Airline Transport Other

3. Do you hold a valid Instrument Flight Rating (IFR)
 Yes No

4. Date of last flight

5. Total Number of hours flown

6. Purpose of flying: Pleasure Commercial Military Business Instruction Other

7. Indicate Annual Flying Hours Flown as a Pilot or Crew Member:

	1-2 Years Ago	Past 12 Months	Contemplated Next 12 Months
Scheduled Airline			
Nonscheduled Airline			
Business			
Pleasure			
As Instructor			
As Student			
Testing, Experimental, Crop Dusting/Agricultural, Prospecting, Aerobatics/Stunting			
Military			
Others (please provide details):			

8. Indicate category, class and type of aircraft flown

Number of hours flown in this aircraft

9. Do you regularly receive any recurrent aviation training?
 Yes No If yes, please describe

10. Have you flown or do you contemplate flying Experimental or Amateur-built aircraft?
 Yes No If yes, provide details

11. Medical certificate currently held: Class I
 Date of last renewal Class II
 Class III

12. Does your medical certificate specify any limitation(s) or physical waivers?
 Yes No If yes, provide details

13. Have you ever been involved in an aviation accident?
 Yes No If yes, provide details

14. Have you ever had any aviation violations?
 Yes No If yes, provide details

15. Have you ever been grounded or had your license revoked or suspended?
 Yes No If yes, provide details

16. Have you flown or do you intend to fly outside the United States?
 Yes No If yes, provide details

17. If your aviation activity requires an extra premium or an aviation exclusion rider, which would you prefer?
 Issue policy with an aviation extra premium.
 Issue policy with an aviation exclusion rider.

Agreement

The statements and answers shown on this questionnaire are true and complete to the best of my knowledge and belief. It is agreed that this questionnaire will become part of my application for insurance to Ohio National.

Date

Signature

- The Ohio National Life Insurance Company
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Racing Questionnaire

1. Full Name (first, middle initial, last)

2. Are you a member of any racing organization? Yes No If yes, provide details

3. Have you attended a competition driver's school? Yes No If yes, provide details

4. Do you hold a competition driver's license from any organization? Yes No If yes, provide details

5. Do you own a competition boat or motorized vehicle? Yes No If yes, provide details

6. Total number of races

8. Number of races last 12 months

7. Total number of years racing experience

9. Contemplated next 12 months

10. Indicate the type of racing in which you participate (check all that apply):

- ATV Sports Car Formula/Indy Car Auto Crash/Demolition Go Kart Hydroplane
 Midget Stock Car Dune/Sand Buggy Motocross/Hillclimb Other (specify) _____
 Drag Sprint Solo Events (Rally, Slalom) Motorcycle Roadrace _____

Details of participation

11a. Type of event(s)

b. Vehicle make/Model

c. Class/Category/Division

d. Engine displacement/Horsepower

e. Type of gas/Fuel

12. Type of Course: Paved Track Drag Strip Oval Track Ice
 Dirt Track Road Course Off Road Lake/River

Other (specify) _____

13. Length of track/course

14. Length or race (miles, laps, time)

15. Maximum speed attained (MPH)

16. Do you anticipate participating in any other class or type or racing? Yes No If yes, provide details

Agreement

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Date

Signature