

AVIATION QUESTIONNAIRE

Name of the Life to be Insured

Policy No.

FLYING DETAILS

1. State type of flying in which you have participated or in which you expect to participate e.g. Private, Club, Commercial or Military flying

2. State the capacity e.g. pilot, other aircrew (including technical observer), passenger

3. Complete the table to show the number of solo flying hours as a pilot or co-pilot and/or the number of flying hours as a member of the crew of an aircraft (including technical observer) that you have flown over the past twelve months and which you expect to complete during the next twelve months.

IN-FLIGHT DUTIES	MULTI-ENGINEED AIRCRAFT		SINGLE-ENGINEED AIRCRAFT		SPECIAL TYPE AIRCRAFT Specify : _____	
	Flying hours		Flying hours		Flying hours	
	Last 12 months	Next 12 months	Last 12 months	Next 12 months	Last 12 months	Next 12 months
PILOT OR CO-PILOT						
OTHER CREW OR TECHNICAL OBSERVER						

4. If flying as a pilot, please give details of license held e.g. student, private or any type of commercial license as well as date of issue and total number of solo flying hours to date:

Type: _____ Solo hours _____

Dated

5. Do you, or do you expect to, engage in flying as a member of the Armed Services or as a Reserve? YES NO

If, "YES" give full details, stating nature and extent of duty

Rank _____

6. Do you, or do you expect to, engage in flying as an instructor? YES NO

If "YES", state details

7. Have you ever had a flying accident? YES NO

If "YES", state details

8. Do you, or do you expect to, engage in flying as aircrew or technical observer?

YES NO

If "YES", please state exact duties

9. Do, or do you expect to, engage in flying as a passenger without any duties aboard the aircraft in single-engined or Special type aircraft

YES NO

If "YES", state number of hours flown in past 12 months, number of hours expected to be flown annually hereafter, type of aircraft in which you expect to fly, as well as any other pertinent details

OTHER DETAILS

1. For what purposes do you fly (e.g. business pleasure)?

2. State the geographical limits within which you fly, other than by Scheduled Commercial Airlines

3. Do you expect any of your flying to be other than to and from registered airfields?

YES NO

If "YES", state details:

4. Have you any intention of participating in any particularly hazardous forms of aviation such as test flying, experimental flying, stunt flying, aerobatics, crop spraying, pest control, gliding, competitive flying, parachuting or sky diving?

YES NO

If "YES", state details:

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the policy.

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---