AVIATION QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

When did you start flying?

Date:

Do you have a licence?

☐ No

☐ Yes

What type of licence do you have?

When was it last reviewed?

Date:

Have you ever been grounded or had your licence revoked?

☐ No

☐ Yes

Please give details.

In which geographical areas do you fly?

Are you involved in any of the activities below?

Tick all that apply.

- [ ] Competitions
- [ ] Record attempts
- [ ] Speed trials
- [ ] Races
- [ ] Exhibition flying
- [ ] Aerobatics

Do you fly fixed wing or rotary wing aircraft?

- [ ] Fixed wing
- [ ] Rotary wing

What is the manufacturer's name and model of the aircraft you fly?

Do you fly commercially?

- [ ] No
- [ ] Yes

Please tell us the name of your employer or the operator of your aircraft.

Please tell us the nature of your flying, for example, crop spraying, scheduled flights.

Please tell us the number of hours you have flown in the last 12 months.

Please tell us the duties you undertake, for example, pilot, cabin crew.

Do you fly privately?

- [ ] No
- [ ] Yes

Please tell us the number of hours you have flown during the last 12 months.

Please tell us the number of hours you will fly during the next 12 months.

Are you a member of an aviation club?

- [ ] No
- [ ] Yes

Please tell us the location and name of the airstrip.

Do you fly in the military?

- [ ] No
- [ ] Yes

Please tell us your rank.

Please tell us the nature and extent of your flying in the next 12 months.

Do you fly as a test pilot or technical observer?

- [ ] No
- [ ] Yes

Please give details.

Do you intend to take part in any form of flying not mentioned on this form, for example, hang-gliding, microlights?

- [ ] No
- [ ] Yes

Please tell us what other kind of flying you take part in. We may need to send you another questionnaire about this.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: