SERVICE AVIATION QUESTIONNAIRE

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

Do you fly as pilot, navigator or other flightdeck crew?

☐ No

☐ Yes

When did you learn to fly?

Where did you learn to fly?

What type of aircraft do you fly?

Are you under orders to fly a different type of aircraft?

- [ ] No
- [ ] Yes

Please tell us which type and when you will start flying.

In what capacity do you fly?

For example pilot, navigator, instructor.

How many hours do you expect to fly each year?

Do you take part in exhibitions or displays?

- [ ] No
- [ ] Yes

Please give full details including the number of exhibitions or shows you take part in each year.

Are you a member of the Parachute Regiment?

- [ ] No
- [ ] Yes

Do you take part in competitions or displays?

- [ ] No
- [ ] Yes

How many competition or display jumps do you take part in each year?

How many of these are free fall?

Do you fly in any other capacity?

☐ No

☐ Yes

Please give details.

What type of aircraft do you fly?

How many hours do you fly each year?

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:

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