

Hazardous activity questionnaire for ballooning

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title

Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

1. Please state the type of pilots licence and / or certification(s) that you have

(Please provide full details)

2. What is your main reason for ballooning? (e.g. recreation, pleasure, commercial activity)

(Please provide full details)

3. Are you a member of a sanctioned ballooning club or national organisation?

No Yes (Please provide full details)

4. For how many years have you been flying balloons?

5. Please provide details on:

a) Total number of flights to date

b) Total number of hours to date

c) Number of flights in last 12 months

d) Number of hours in last 12 months

e) Estimated flights in next 12 months

f) Average altitude

g) Maximum altitude

h) Average duration

i) Maximum duration

6. Do you participate in, or do you intend to participate in any ballooning competitions?

No Yes (Please provide full details)

7. Do you participate in or do you intend to participate in ballooning record attempts or prototype/test flying?

No Yes (Please provide full details)

8. Have you ever had your licence revoked, suspended or otherwise restricted?

No Yes (Please provide full details)

9. Have you ever had an accident or sustained an injury as a result of your ballooning activities?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date