

Hazardous activity questionnaire for microlighting and ultralighting

(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 the make and model of the aircraft(s) that you fly?

(Please provide full details)

3. What is your main reason for flying?
(e.g. recreation / pleasure, farming or agricultural activity)

(Please provide full details)

4. Are you a member of a sanctioned microlighting club or national organisation?

No

Yes

(Please provide full details)

5. For how many years have you been flying microlight aircraft?

6. 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

7. Do you participate in, or do you intend to participate in any microlight competitions, record attempts, stunt-flying 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 microlighting 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