

Hazardous activity questionnaire for aviation

(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 exact type of pilots licence and all ratings that you hold, including details of when these were obtained

2. What is your main reason for holding or wanting to hold a pilots licence? (e.g. recreation, pleasure, transport, commercial activity, agricultural, or farming activity such as crop inspection or spraying)

3. Are you a member of an aviation club or national organisation?

No Yes (Please provide full details)

4. Please provide details on:

a) Total number of flights to date

b) Total number of flying hours to date

c) Number of flying hours in last 12 months

d) Estimated flying hours in next 12 months

5. For the type of aircraft that you fly, please provide details on:

a) Type of aircraft (e.g. fixed wing or rotor)

First type of aircraft

Second type of aircraft

b) Make and model

c) Aircraft owner

6. Please provide details of usual flying locations

7. Do you ever take off or land at locations other than commercially licenced airfields

No Yes (Please provide full details)

8. Do you participate in or do you intend to participate in aviation competitions including aerobics, stunt flying or record attempts?

No Yes (Please provide full details)

9. Have you ever flown or do you intend to fly experimental, prototype or amateur-built / home-built aircraft?

No Yes (Please provide full details)

10. Do you contemplate any change from your present flying activities?

No Yes (Please provide full details)

11. Have you ever been grounded, had your licence revoked, suspended or otherwise restricted

No Yes (Please provide full details)

12. Have you been medically examined to establish your fitness to fly?

No Yes (Please provide full details)

Date of last examination

Name of examining doctor

Address of examining Doctor

Postcode

Details of any medical restrictions that were imposed

13. Have you ever had an accident or sustained an injury as a result of your flying 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