

## Occupational questionnaire for commercial 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

DDMMYYYY

1. Please state your exact job title

2. Please list all of your duties

3. What type of commercial flying are you involved in? (e.g. scheduled passenger services, non-scheduled air taxi, joy flights or corporate flights, aerial survey or photography, agriculture (crop spraying, herding, mustering or inspection), emergency services, flight instructor, oil rig transport)

4. Please provide details of all aircraft that you fly including type of aircraft (fixed wing or rotor), make and model and aircraft owner

5. Please provide details of usual home base and flight destinations

6. Do you ever take off or land at locations other than commercially licensed airfields?

No  Yes  (Please provide full details)

7. Please provide details of the licence and ratings that you hold (including date obtained and last renewal date)

8. What is your total number of flying hours to date?

9. How many hours did you fly in the last 12 months?

10. How many hours do you expect to fly in the next 12 months?

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

No  Yes  (Please provide full details)

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

No  Yes  (Please provide full details)

13. When were you last medically examined to establish your fitness to fly?

14. What was the name of the examining doctor?

15. What is the address of the examining doctor?

  
 Postcode

16. Were any medical restrictions imposed?

No  Yes  (Please provide full details)

17. Have you ever been involved in an aircraft accident?

No  Yes  (Please provide full details)

18. Have you ever participated in or do you intend to participate in aviation competitions including aerobics, stunt flying or record attempts?

No  Yes  (Please provide full details)

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

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