

AVIATION QUESTIONNAIRE

Name	Date of Birth (dd/mmm/yy)	Application #
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1. What type of license do you currently hold? <input type="radio"/> Pilot <input type="radio"/> Student Pilot <input type="radio"/> Air Crew <input type="radio"/> Passenger	When was it granted? (dd/mmm/yy)
Do you have an instrument flight rating? <input type="radio"/> Yes <input type="radio"/> No	Total Solo Hours: _____

2. Check type of aviation done or anticipated:			
<input type="radio"/> Scheduled Airlines	<input type="radio"/> Air Ambulance	<input type="radio"/> Flying company personnel	
<input type="radio"/> Bush Flying	<input type="radio"/> Instruction	<input type="radio"/> Private – pleasure	
<input type="radio"/> Aerial Prospecting	<input type="radio"/> Water Bombing / Firefighting	<input type="radio"/> Private – business	
<input type="radio"/> Crop Dusting	<input type="radio"/> Photography	<input type="radio"/> Military – reserve units	
<input type="radio"/> Testing / Experimental	<input type="radio"/> Stunts / Acrobatics	<input type="radio"/> Military – active service instructing	
<input type="radio"/> Pipeline or electrical inspection	<input type="radio"/> Other (specify)	<input type="radio"/> Military – active other (specify)	
Check type(s) of aircraft flown			
<input type="radio"/> Propeller	<input type="radio"/> Jet	<input type="radio"/> Ultra Light / Glider	
<input type="radio"/> Single engine	<input type="radio"/> Helicopter	<input type="radio"/> Home Built	
<input type="radio"/> Multi engine	<input type="radio"/> Ski/Float equipped	<input type="radio"/> Other (specify)	
Type of flying done	Next 12 months (hours)	Past 12 months (hours)	Date of last flight (dd/mmm/yy)

3. Who owns the aircraft(s)?	Who maintains the aircraft(s)?
Does all your flying involve established airfields? <input type="radio"/> Yes <input type="radio"/> No If no, please explain.	
Over what geographical areas do you fly?	
Have you ever had an aviation accident, been grounded, fined or reprimanded for violation of air regulations? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.	
Do you have or have you ever had any operational limitations on your FAA/Transport Canada medical certificate? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.	
Do you intend to change the nature of your aviation activities in the next 24 months? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.	

4. Check type of policy desired:
<input type="radio"/> Full coverage subject to extra premium if required <input type="radio"/> Exclusion, no extra premium required

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant X	Signature of Witness X	Date (dd/mmm/yy)
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