



CIVIL AVIATION QUESTIONNAIRE

(For pilots, crew or passengers in respect of aviation other than as a fare-paying passenger on a scheduled flight on a recognised air route. Applies to flights by aeroplane, helicopter, balloon and airship).

To be completed by the life proposed.

Full name Occupation

1. Flying experience

Have you ever flown as a pilot? **Yes / No**

If yes:

- a) What type of licence do you hold?
- b) What types of aircraft are you authorised to fly?
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- c) When did you learn to fly?
- d) How many hours flying as a pilot
 - (i) Have you done to date?
 - (ii) Have you done in the last 12 months?
- e) Have you been involved in any flying accidents? If so, please give details.
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- f) Have you ever had your licence revoked or been grounded?
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2. Nature of intended flying

Type of aircraft (make, model name and number); No of hours p.a as pilot;

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No of hours p.a as passenger; Purpose (eg pleasure, business, air taxi, instructor)?

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a) Who owns the aircraft?

b) Who maintains the aircraft?

c) Where do you intend to fly (ie starting points and destinations)?

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d) Will flights be between licensed airfields? If not, please give details.

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e) Do you intend to participate in air competitions for any kind, formula air racing, exhibitions, aerobatics or stunt flying? If so, please give details.

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f) Do you intend to undertake any low-level or specialised flying or manoeuvring, eg crop spraying, inspection?

g) Do you intend to fly as a test pilot? If so. Please state:

(i) The name of your employer,

(ii) Whether the aircraft are prototypes, new, reconditioned, etc.

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I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for disability insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed Dated