



GLIDING QUESTIONNAIRE

To be completed by the life proposed.

Full name

Gliding

1. How long have you been gliding?
2. Do you belong to a club affiliated to the Gliding Federation of Australia or the New Zealand Gliding Association (which)?
3. What gliding certificate do you hold?
4. Are you an instructor? **YES / NO**
5. How many gliding hours have you completed to date?
 And how many launches per annum?
6. How many hours gliding per annum do you intend to do?
 And how many launches per annum?
7. What type of glider do you fly, ie unpowered, self-sustaining or self-launching and at which location/s do you glide?
8. Do you intend to take part in any form of competition flying or record attempts, or carryout any prototype testing? **YES / NO**
 If so, please give full details?

9. Have you been involved in any accident causing injury to yourself or significant damage to your aircraft? **YES / NO**

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment 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