IndiaFirstLife

AVIATION QUESTIONNAIRE

Application No:

Name of life to be assured: FIRST LAST

Applies to:

- Pilots, crew or passengers in respect of aviation other than as a fare-paying passenger on scheduled flights and recognized routes.
- Flights by airplane, helicopter, balloon and airship.

1. Have you ever flown as a pilot? Yes ☐ No ☐

   a. What type of license do you hold

   b. Which types of aircraft are you authorized to fly?

   c. When did you learn to fly?

   d. How many hours flying as a pilot have you completed:
   Till date: In the last 12 months?

   e. Have you been involved in any flying accidents? Yes ☐ No ☐
   If YES, please provide details.

   f. Have you ever had your license revoked or been grounded?` Yes ☐ No ☐
   If YES, please provide details.

2. Please provide details of the nature of your intended flying,including:

   a. The type of aircraft (make,model name and number).

   b. Number of hours as a pilot.

   c. Number of hours as a passenger.

   d. Purpose e.g. pleasure, business, air taxi, as instructor.

   e. Who owns the aircraft and does the owner hold an Air Operator's Certificate?

   f. Who maintains the aircraft?

   g. Where do you intend to fly? ie starting points and destinations

h. Will flights be between licensed airfields? Yes ☐ No ☐

If No, please provide details.

i. Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying Yes ☐ No ☐

If YES, please provide details.

J. Do you intend to undertake any low-level or specialised flying or manoeuvring? eg crop spraying, inspection? Yes ☐ No ☐

If YES, please provide details.

k. Do you intend to fly as a test pilot? Yes ☐ No ☐

If YES,please state:

The name of your employer

Whether the aircraft are prototypes, new, reconditioned, etc

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date: D D M M Y Y Y Y

Place:

Signature of the Life to be assured/Proposer