

Aviation

Please complete all details.

Please answer the following questions fully and accurately to the best of your knowledge. Failure to provide complete and accurate information may affect the assessment and acceptance of any cover we offer or continue to offer. Please do not assume that we will obtain information from any other sources we may be in contact with.

Any information you provide will be kept in the strictest confidence and will form part of your insurance application.

Once you have completed the relevant section, please read and sign the Declaration at the end of this document. If you run out of space when writing your answers, please continue on a separate sheet of paper, make reference to it in the questionnaire and attach the extra sheets to this document.

| , | Your details | | | | | | | | |
|-----|--|---------------|--------|---------|------------|-------------|------------|-----------------|-------------|
| Tit | le | Mr | Mrs Mi | ss | Ms | Other | | | |
| | me in full s shown on ID card / passport) | | | | | | | | |
| Da | te of birth (dd/mm/yyyy) | | | |] | | | | |
| Ap | plication number or reference (if known) | | | | | | | | |
| | Flying experience | | | | | | | | |
| tra | e you an aspiring pilot, pilot in ining or a qualified pilot of any m of powered aircraft? | Yes | No | If Yes, | please com | plete the f | ollowing | questions in th | is section. |
| 1. | When did you learn to fly? (dd/mm/yyyy) | | | |] | | | | |
| 2. | Where did you learn to fly? | | | | | | | | |
| 3. | What type of licence do you hold? | | | | | | | | |
| 4. | Have you ever had your licence revoked or been grounded? | Yes | No | | lf ` | Yes, please | e give det | ails | |
| | revoked of been grounded: | | | | | | | | |
| 5. | How many flying hours have you got, in total? | Total to date | | Hours | In | the last 12 | months | | Hours |
| 6. | If you are a commercial pilot, who is your employer? | | | | | | | | |

Details of flying

1. Please provide details of your flight plans over the **next 12 months**.

| Type of aircraft (make, model name, number and weight) | No. of hours as pilot | No. of hours as passenger | Purpose (e.g. pleasure, business, air taxi, as instructor) |
|---|--------------------------|---------------------------|--|
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| | | | |
| | | | |

No

Yes

| 2. | a) | Who owns the aircraft | ? |
|----|----|-----------------------|---|
|----|----|-----------------------|---|

- b) Does the owner hold an Air Operator's Certificate?
- c) Who maintains the aircraft?
- 3. Where do you intend to fly from and to? (Please include the towns/cities and countries)

| Flying from | Flying to |
|-------------|-----------------------------|
| | |
| | |
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| | |
| | |
| Yes No | If Yes, please give details |

4. Will the flights be between licensed airfields and helipads?

Specialised flying

| Wil | l you do any specialised flying as pilot o | or aircrew | in any of the following ca | tegories over the next 12 months ? | |
|-------|---|--------------|----------------------------|---|--|
| 1. | Commercial aircrew other than normal passenger and freight duties with your own employer? | Yes | No | If Yes, please state number of hours | |
| 2. | Civilian flying instructor? | Yes | No | If Yes, please state number of hours | |
| 3. | Civilian test pilot or technical observer? | Yes | No | If Yes, please state number of hours | |
| 4. | Service flying other than general duties aircrew? | Yes | No | If Yes, please state number of hours | |
| 5. | Specialist helicopter work e.g. suspended loads, rescue work, oil rig work? | Yes | No | If Yes, please state number of hours | |
| 6. | Crop spraying or aerial seeding? | Yes | No | If Yes, please state number of hours | |
| 7. | Aerial photography? | Yes | No | If Yes, please state number of hours | |
| 8. | National or international competitions? | Yes | No | If Yes, please state number of hours | |
| 9. | Exhibition or stunt flying? | Yes | No | If Yes, please state number of hours | |
| 10. | Any other form of specialised flying? | Yes | No | If Yes, please state number of hours | |
| lf tl | ne answer to any of the above is Yes, pl | ease fill in | the questions below. | | |
| 11. | Name of employer/owner of aircraft | | | | |
| 12. | Type(s)/make and weight of aircraft (if known) | | | | |
| 13. | Geographical area of operations | | | | |
| | | | | | |

Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

Declaration

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in a policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature

Date

| I give explicit consent to capture and process my |
|---|
| medical/lifestyle data. |

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