

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)

2. a) Who owns the aircraft?

b) Does the owner hold an
Air Operator's Certificate?

Yes No

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

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

Yes No

If Yes, please give details

Specialised flying

Will you do any specialised flying as pilot or aircrew in any of the following categories over the **next 12 months**?

- | | | | |
|--|--|--------------------------------------|----------------------|
| 1. Commercial aircrew other than normal passenger and freight duties with your own employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 2. Civilian flying instructor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 3. Civilian test pilot or technical observer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 4. Service flying other than general duties aircrew? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 5. Specialist helicopter work e.g. suspended loads, rescue work, oil rig work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 6. Crop spraying or aerial seeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 7. Aerial photography? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 8. National or international competitions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 9. Exhibition or stunt flying? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 10. Any other form of specialised flying? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |

If the answer to any of the above is Yes, please 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.

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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.

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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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