

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 don't assume that we will obtain information from your doctor or 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

Title Mr Mrs Miss Ms Other

Name in full (as shown on ID card/passport)

Date of birth (DD/MM/YYYY)

Application number or reference (if known)

Flying experience

Are you an aspiring pilot, pilot in training or a qualified pilot of any form of powered aircraft? Yes No If Yes, please complete the following questions in this 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 If Yes, please give details.

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)

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 No, 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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 2 Civilian flying instructor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 3 Civilian test pilot or technical observer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 4 Service flying other than general duties aircrew? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 5 Specialist helicopter work e.g. suspended loads, rescue work, oil rig work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 6 Crop spraying or aerial seeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 7 Aerial photography? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 8 National or international competitions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 9 Exhibition or stunt flying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please state number of hours | <input type="text"/> |
| 10 Any other form of specialised flying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 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 | <input type="text"/> |
| 12 Type(s)/make and weight of aircraft (if known) | <input type="text"/> |
| 13 Geographical area of operations | <input type="text"/> |

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

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