

GENERAL INFORMATION

FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH

- Pilot or pilot student, please specify :
 Total number of hours flown as a pilot or navigator: _____
 Date of last flight: _____
 Type(s) of pilot's license held currently: _____
- Do you have your instrument rating? Yes No
- a) Number of hours flown in the last 12 months: _____
 b) Number of hours flown between the last 12 to 24 months: _____
 c) Number of hours you intend to fly in the next 12 months: _____
 d) Purposes of your future flights:
 Pleasure Commercial Military Private Others: _____
 e) Describe type(s) of aircraft you normally pilot and/or navigate: _____
- Have you ever had an aviation accident, been grounded, fined or warned for violation of air regulation? Yes No
 If yes, specify with dates: _____
- Describe type of terrain area you usually fly over: _____
- Have you ever made or do you plan on making one or more of the following flights? Yes No
 If yes, please specify:
 Trick flying/cascade Traffic control Glider Commercial flight
 Home built plane Air race Advertising Experimental flight
 Taxi plane Instruction Air-ambulance Scheduled flight
 Mapping Patrol Forest service Pipeline and electric inspection
 Hunting and fishing Bush pilot Crop dusting
- Do you have any operational limitations on your FAA/DOT medical certificate? Yes No
 If yes, explain: _____
- Do you plan changes in your aviation activities? Yes No
 If yes, specify with dates: _____

I declare that the above answers are true and complete and shall form part of my application.

SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE