

GENERAL INFORMATION	
FIRST NAME	NAME
DATE OF BIRTH	POLICY NUMBER

<b>1. Type of craft:</b> <input type="checkbox"/> balloon _____ <input type="checkbox"/> hang glider _____ <input type="checkbox"/> ultralight plane _____
<b>2. Construction:</b> <input type="checkbox"/> factory assembled <input type="checkbox"/> home built <input type="checkbox"/> motorized <input type="checkbox"/> rigid wing <input type="checkbox"/> parachute <input type="checkbox"/> not motorized
<b>3. Type of flying:</b> <input type="checkbox"/> advertising <input type="checkbox"/> instructing <input type="checkbox"/> pleasure <input type="checkbox"/> student <input type="checkbox"/> carrying passengers <input type="checkbox"/> other _____
<b>4. If more than one type of flying, explain:</b> Date of first flight _____ Date of last flight _____ Total number of hours _____ Hours: last 12 months _____ next 12 months _____ Average height _____ Greatest height _____ Average distance _____ Greatest distance _____ Average duration _____ Greatest duration _____
<b>5. Describe any accidents or mishaps:</b> _____ _____
<b>6. Describe types of terrain over which you fly:</b> _____ _____
<b>7. Are you a member of a club?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, club's name: _____
<b>8. Do you have a pilot's license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, explain: _____
<b>9. Describe required qualifications/licensing you have obtained in order to operate your craft:</b> _____ _____
<b>10. Have you engaged in or do you intend to participate in any type of flying, ballooning, hang gliding not already indicated? (e.g.: record attempts, experimental equipment, over large bodies of water, outside North America, etc.)</b> <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> If yes, explain: _____

I declare that the above information is true and complete and shall form part of my application.	
SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE