

## Questionnaire Aviation

Fire	st and last names of insured : $\_$			
Υ	Y Y Y M M D D			
Dat	te of birth	Policy / application number		
	Date of last flight:     Type(s) of pilot's licence current	ently held:		
2.	Do you have your instrument rating? ☐ Yes ☐ No			
3.	a) How many hours have you flown or plan to fly:  In the last 12 months: In the next 12 months:			
	b) Reason for current a	and future flights:  ☐ Military ☐ Private ☐ Others, s	pecify:	
4.	What is the category, class and type of aircraft in which you fly?			
5.	Over what kind of terra	in or region do you fly?		
6.	Have you ever made or do you plan on making one or more of the following flights? ☐ Yes ☐ No If yes, check the appropriate boxes:			
	☐ 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	
	For each box checked, provide	e dates and details:		
7.	Do you have any operational limitations on your FAA/DOT medical certificate?			
8.	Have you ever had an a Yes No If yes, specify dates and detail	aviation accident, been grou	nded, fined or warned for vi	olation of air regulation?
9.		n your aviation activities? [		
10	. Additional information	:		
11				true and complete. In addition, I consent to
		art of the requested insurance police	су.	
	X Signature of insured (signature	e of the father, mother or legal guardia	n if the incured is a miner	Date of cignature
	orginature of insured (signature	on the father, mother of legal guardia	n n me moured is a millor)	Date of signature

## Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Personal Information Protection Statement* located at <u>Beneva.ca</u>.