

First and last names of insured : \_\_\_\_\_

Date of birth

Policy / application number

**1. Are you:**  Pilot  Student pilot

• Total number of hours flown as a pilot or student pilot: \_\_\_\_\_

• Date of last flight: \_\_\_\_\_

• Type(s) of pilot's licence currently 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 and future flights:**

Pleasure  Commercial  Military  Private  Others, specify: \_\_\_\_\_

**4. What is the category, class and type of aircraft in which you fly?**

\_\_\_\_\_

**5. Over what kind of terrain 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 dates and details: \_\_\_\_\_

**7. Do you have any operational limitations on your FAA/DOT medical certificate?**  Yes  No

If yes, explain: \_\_\_\_\_

**8. Have you ever had an aviation accident, been grounded, fined or warned for violation of air regulation?**

Yes  No

If yes, specify dates and details: \_\_\_\_\_

**9. Do you plan changes in your aviation activities?**  Yes  No

If yes, specify dates and details: \_\_\_\_\_

**10. Additional information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 11. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

**X**

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

Date of signature