

## **Aviation Questionnaire**

(to be completed by the member)

| Member Full Name             | Date of birth |
|------------------------------|---------------|
| Policy number or scheme name |               |

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information. If there is insufficient space please continue your answer on a separate piece of paper.

### General Flying Experience:

Have you ever flown as a pilot? YES / NO

If yes, please complete the rest of this section:

When did you learn to fly?

Please provide details of the type(s) of license you currently hold.

Has your license ever been revoked? YES /NO

Have you ever been grounded? YES /NO

If yes, please provide details.

Please provide the number of hours you have flown as a pilot in the last 12 months.

Please provide the number of hours you envisage flying as a pilot in the next 12 months.

Please provide the total number of hours you have flown as a pilot to date.

## Previous Insurance History:

Have you ever had a proposal for life assurance or personal accident insurance against flying risks declined? YES/NO

Have you ever had a proposal for life assurance or personal accident insurance against flying accepted with special conditions or increased premium? YES /NO

If the answer is yes to either of the above questions please provide full details including: Insurer's name, date of the proposal, reference number, details of any special terms or state declined.



## Future flying intentions as a passenger:

Do you intend to fly as a passenger other than on a recognised air service? YES / NO If yes, please complete the rest of this section:

Please provide the number of expected hours per annum.

Please provide details of the aircraft e.g. charter, airtaxi, business or service aircraft.

Please name all likely destinations in the next 12 months.

## Future flying intentions as commercial or executive aircrew:

Do you intend to fly as either commercial or executive aircrew? YES / NO If yes, please complete the rest of this section:

Please provide the number of expected hours as a pilot in the next 12 months.

Please provide the number of expected hours as other aircrew in the next 12 months.

In what capacity will you fly? E.g. pilot, navigator, cabin crew

Please provide the name of your employer / aircraft operator.

Please advise who maintains the aircraft.

Please advise the nature of flights e.g. scheduled, chartered, airtaxi, crop spraying.

Please provide the type and weight of the aircraft.

Please advise the geographical limits.

Will the flights be between licensed airfields? YES / NO If yes, please provide details of the airfields.

### Future flying intentions as a civilian test pilot or technical observer:

Do you intend to fly as a civilian pilot or technical observer? YES / NO If yes, please complete the rest of this section:

Please advise your expected hours as either as a civilian test pilot or technical observer.

Please provide details of the nature of flights and the aircraft e.g. type, weight, new, prototype, reconditioned.

Please advise the name of the employer.



## Future intentions as a Service's pilot:

Do you intend flying as a member of H M Forces or as a reservist? YES / NO
Do you intend flying as a member of any other armed forces? YES / NO
If yes, please advise details as to which armed force.

If you have answered yes to either of the above questions please complete this section:
Please advise the exact branch of service and rank held.

Please advise the nature of flying involved.

Please advise the approximate number of flying hours per annum.

# Future intentions as a private flyer (i.e. all other types of flying not covered in previous sections):

| •  |
|--|
| Do you intend flying in Club or privately owned aircraft? YES / NO                               |
| If yes, please advise the expected flying hours per annum as a pilot and as a passenger for each |
| of pleasure / recreation purposes, business purposes and as a civilian flying instructor.        |
| or production purposes, business purposes and as a civilian rightly motification.                |
|  |
| Diagon provide the name of the circust anorator  |
| Please provide the name of the aircraft operator.  |
|  |
| Please advise who maintains the aircraft.  |
|  |
| Please provide the type and weight of the aircraft.  |
|  |
| Please advise the geographical limits.   |
| 3 3 1  |
| Will the flights be between recognised airfields? YES / NO                                       |
| If yes, please provide details of the airfields.   |
| if yes, please provide details of the airnelds.  |
|  |
|  |
| Please advise the nature of any flying instruction you give e.g. Club, commercial flying         |
| "ab initio" or advanced training?  |
|  |
|  |
| Please advise whether you will take part in any low – level flying. E.g. crop spraying or aerial |
| surveying.   |
|  |
|  |



#### Future intentions as a pilot and / or a passenger in any competition:

Please give details of any local, national or international air competitions, formula air racing, aerobatics etc. that you are likely to engage in (including any Gliding competitions)

#### Future intentions regarding Gliding:

Do you expect to take part in Gliding? YES / NO

If yes, please advise:

Expected hours in un-powered gliders.

Expected hours in self-launching gliders.

Geographical limits.

#### Other flying activities:

Do you intend to take part in any other form of flying not yet covered in this questionnaire? YES / NO

If yes, please advise of the following:

Hours flown.

Exact nature of aircraft.

Geographical limits.

Any other material information.

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they will be entitled to declare this insurance invalid and not pay claims or not fully pay claims.

I undertake to inform the insurers of any changes to the answers and information I have provided (after the declaration has been completed and up to the date it is accepted by the insurers).

| Signed   | Date |
|----------|------|
| (Member) |      |

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