

Gliding 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.

Please advise what pilot's license you hold.

Please advise the type of glider that you fly. E.g. Unpowered, self-sustaining motor glider (SSMG) or touring motor glider (TMG) etc.?

Are you a member of a sanctioned gliding club or national organisation? YES / NO
If yes, please provide details.

Please advise how many years you have been gliding?

Please advise the total hours you have flown to date.

For the last 12 months please advise both the number of flights and number of hours you have flown.

For the next 12 months please advise both the expected number of flights and expected number of hours you will fly.

Have you, in the last 3 years taken part in any gliding competition, glider record attempt, aerobics, stunt-flying or prototype test flying? YES / NO
If yes, please provide details.

In the next 3 years do you intend to take part in any gliding competition, glider record attempt, aerobics, stunt-flying or prototype test flying? YES / NO
If yes, please provide details.

Has your license ever been revoked, suspended or otherwise restricted? YES / NO
If yes, please provide details.

Have you ever had an accident or sustained an injury as a result of your gliding activities?
YES / NO
If yes, please provide details.

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)

We are not authorised to give financial advice, so we suggest you contact your financial adviser for advice. Optimal is a trading name of HF Life Limited (FRN 613348) and a subsidiary and appointed representative of The Original Holloway Friendly Society Limited. Registered in England (No. 8649971) Registered Office Holloway House 71 Eastgate Street Gloucester GL1 1PW

The Original Holloway Friendly Society Limited is Registered and Incorporated under the Friendly Societies Act 1992. Registered in the UK No. 145F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FRN 109986

2014-030v1