

## Microlighting and Ultralighting 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 the type of pilot's licence and / or certifications that you hold.

Please advise the make and model of the aircraft(s) that you fly.

Please advise the main reason for flying e.g. recreation / pleasure/ farming or agricultural activity etc.

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

Please advise the number of years you have been flying microlight and/or ultralight aircraft.

Please advise the total number of hours you have flown to date.

Please advise the number of hours flown and number of flights undertaken in the last 12 months.

Please advise the estimated number of hours to be flown and number of flights to be undertaken in the next 12 months.

Please advise whether you have done the following in the last 3 years:

Participated in any competitions YES / NO

Participated in any record attempts YES / NO

Participated in stunt-flying YES / NO

Participated in prototype / test flying YES / NO

If yes, please provide details.

Please advise whether you intend to do the following in the next 3 years:

Participate in any competitions YES / NO

Participate in any record attempts YES / NO

Participate in stunt-flying YES / NO

Participate in prototype / test flying YES / NO

If yes, please provide details.

Have you ever had your licence revoked, suspended or otherwise restricted? YES / NO

If yes, please provide details.

Have ever had an accident or injury as a result of your microlighting or ultralighting 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

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