

Aviation Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

Designation: _____

Name of the Employer: _____

Exact nature of duties: _____

Please provide accurate answers to each question. If the answer to any question is 'Yes', please provide details.

This questionnaire applies to:

Pilots, crew or passengers with respect to aviation other than fare-paying passengers on scheduled flights and recognised routes

'Flights' here includes airplane, helicopter, balloon and airship

If you do not have any flying duties, you do not need to complete the rest of this questionnaire.

1. In which of the following capacities do you fly? (Please choose the applicable option):

- Armed Services
- Commercial Pilot (transport)
- Airline Pilot
- Airline Crew
- Helicopter Pilot
- Helicopter Crew
- Aerial Photography
- Survey Work
- Construction Work
- Crop Spraying
- Instructor
- Police
- Test Pilot
- Private Pilot
- Navigator
- No Flying Duties

2. Which type of aircrafts are you authorised to fly?

i. Fixed Wing:

Weight of Aircraft

> 10000 kg ☐

< 10000 kg ☐

II. Rotating Wing:

Weight of Aircraft

> 10000 kg ☐

< 10000 kg ☐

3. What category of license do you hold? Student _____ Private Pilot _____ Commercial _____

4. How many hours do you usually fly per annum? _____Hrs. (In last 12 months till date)? _____Hrs

5. Have you been involved in any flying accidents? Yes ☐ No ☐

If 'Yes', please provide details: _____

Instructors - Additional Question:

1. What type of instructor are you?

i. Airline ☐ ii. Club ☐ iii. Commercial ☐

Helicopter Flying - Additional Question:

1. Do you ever fly to and from oil rig installations? Yes ☐ No ☐

If 'Yes', please mention the frequency of your trips to the oil rigs. Monthly _____ Annual _____

Armed Services Aviation - Additional Question:

1. Are you a member of the Parachute Regiment? Yes ☐ No ☐

2. Do you take part in competitions or displays? Yes ☐ No ☐

If you have answered 'Yes' to either of the questions above, please provide the following details:

- Do you fly fast jets, helicopters or sea harriers? Yes ☐ No ☐

Please state the type of aircraft: _____

- Are you a trainee pilot or trainee navigator? Yes ☐ No ☐

7. Intended Flying - Additional Question :

Please provide details of the nature of your intended flying, including:

The type of aircraft (make, model name and number): _____

- Number of hours as a pilot: _____

- Purpose of flying (E.g. pleasure, business, air taxi, instructor etc.): _____

- Who owns the aircraft? _____

- Does the owner hold an Air Operator's Certificate? Yes ☐ No ☐

- Who maintains the aircraft? _____

- Where do you intend to fly? _____

Starting point: _____ Destination(s): _____

- Will flights be between licensed airfields? Yes ☐ No ☐

If No, give details: _____

- Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying? Yes ☐ No ☐

If 'Yes', please provide details: _____

- Do you intend to undertake any low-level or specialised flying or manoeuvring (E.g.) crop spraying, inspection? Yes ☐ No ☐

If 'Yes', please provide details: _____

- Do you intend to fly as a test pilot? Yes ☐ No ☐

If 'Yes', please mention the name of your employer: _____

- Type of aircraft: ☐ ☐ ☐ ☐ ☐

Prototype _____ New _____ Reconditioned _____ Other _____

I declare that the answers above are true to the best of my knowledge and that I agree that the above information will constitute part of my proposal for life insurance.

Place: _____ Date: _____

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured