Aviation questionnaire

Your details
Name
Application number(s)

Why we are asking you for this information
You told us that you fly or take part in a similar activity. We’d like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

If you also fly as part of the armed forces, please complete the armed forces questionnaire in addition to this one.

What you need to know before completing the questionnaire
You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don’t answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions

1. Please state hours flown as pilot, aircrew or passenger (as applicable) in:
   - a) Company owned aeroplanes (used for business purposes)
   - b) Company owned helicopters (used for business purposes)
   - c) Privately owned aeroplanes (not company or club owned)
   - d) Privately owned helicopters (not company or club owned)
   - e) Club aircraft (as a club member)
   - f) Club aircraft (not as a club member)
   - g) Gliders (self launch)
   - h) Gliders (unpowered)
   - i) Hot air balloons
   - j) Hang gliders (self launch)
   - k) Powered hang gliders
   - l) Microlights

<table>
<thead>
<tr>
<th>Last 12 months</th>
<th>Expected next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>As pilot or aircrew</td>
<td>As passenger</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Do you fly for any of the following purposes?
   a) Airworthiness testing
      Yes ☐ No ☐
   b) Experimental or prototype testing
      Yes ☐ No ☐
   c) Crop dusting
      Yes ☐ No ☐
   d) ‘Air taxi’ operation
      Yes ☐ No ☐
   e) Air shows, demonstrations, competitions or any record breaking attempts
      Yes ☐ No ☐

If you have answered ‘yes’ to any of the questions above please give details below, including a statement of hours usually flown per annum for the relevant purpose(s):

3. Do you participate in:
   a) Parachuting
      Yes ☐ No ☐
   b) Skydiving
      Yes ☐ No ☐
   c) Base jumping
      Yes ☐ No ☐

   Total number of jumps per annum

4. For fixed and rotary wing aviation (private or club) please confirm your total solo flying experience, in hours:

5. Do you belong to any aviation club or association?
   Yes ☐ No ☐

   If ‘yes’, please give details below:

6. If employed as pilot or aircrew, please confirm your employer’s name and British Air Operator Certificate type:

7. Please give details of licences held, e.g. private pilot, commercial pilot, student pilot, ATPL, night flying, radio telephony:

8. If your flying activities have not been illustrated through the above questions, please detail the activities here:
Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven’t answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read and understood the declaration in the application, and I consent to my personal data being used in the way described in the Data Protection declaration and the leaflet ‘Your privacy is important to us’.

Signature

Date