



Aviation (Commercial) Supplementary Questionnaire (Q44)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Questions

1. Please state your occupation: _____

2. Please indicate the usual purpose for flying:

- Passenger transport Oil rig / offshore gas transfer Instructor
 Aerial photography or surveys Crop spraying Testing

Others, please provide details: _____

3. What type(s) of aircraft do you fly? _____

4. How many hours did you fly in the last 12 months? _____

5. How many hours will you fly in the next 12 months? _____

6. Have you ever been involved in a flying accident or had your licence restricted or suspended for any reason?

- Yes No

If 'Yes', please provide details: _____

7. Do you fly in any other capacity?

- Yes No

If 'Yes', please provide full details:

Type of Aircraft	Average Hours Per Annum	Purpose

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our lifestyle/activities and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)