



\* Q U E S T I O N S \*



### Aviation (Private) Supplementary Questionnaire (Q50)

#### Particulars of Life Assured

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_ Contract No. : \_\_\_\_\_

#### Questions

1. Please indicate in what capacity you are flying:
- As a Pilot       As a student pilot       As an instructor

2. Do you fly for pleasure only?
- Yes       No

If 'Yes', please provide details:

(a) Type of licence you hold: \_\_\_\_\_

(b) When did you obtain your licence? \_\_\_\_\_

(c) Where did you obtain your licence? \_\_\_\_\_

(d) Any history of flying accidents:

- Yes       No

If 'Yes', please provide details:

Date of Accident	Details of Injury

3. What type(s) of aircraft do you fly?
- \_\_\_\_\_

4. Do you participate in competition, display, prototype testing, record attempts or stunt flying?

Yes  No

If 'Yes', please provide details:

Frequency of Participation	Details

5. How many hours did you fly in the last 12 months? \_\_\_\_\_

6. How many hours will you fly in the next 12 months? \_\_\_\_\_

7. Do you also fly as a pilot for commercial reason?

Yes  No

If 'Yes', please provide details:

Type of Aircraft	Number of Flights per Annum	Number of Hours per Annum

**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)