

Application Reference Number

**The questionnaire must be completed by the Life Insured.**

*Important: No compensation is payable if a Medical Examiner completes this questionnaire.*

**Particulars of Life Insured**

First Name(s)

Last Name

Identity No./Passport No.

Compulsory

Date of birth

dd/mm/yyyy

Address

**General questions**

1 Are you a  Pilot  Navigator?

2 What type(s) of pilot's licence do you currently hold?

3 Date of issue of pilot's licence

dd/mm/yyyy

4 Do you have your instrument rating?  Yes  No If you have answered 'Yes', then please provide details

5 Total number of hours flown as a pilot or navigator

6 Describe the type(s) of aircraft you normally pilot and/or navigate

If more than one type, state the percentage of time spent in each

7 Are you the owner?  Yes  No

8 Do you fly from a private airstrip?  Yes  No

9 Describe type of terrain and area you usually fly over

10 How long is your average trip?

11 Have you ever had an aviation accident, been grounded, fined or warned for violation of air regulations?  Yes  No

If 'Yes', please provide details including dates.

12 Purpose of your flights  Business  hours p.a.  
 Pleasure  hours p.a.

13 Do you have any operational limitations on your FAA/DOT medical certificate?  Yes  No

If you have answered 'Yes', please explain

14 Have you engaged in or do you contemplate engaging in any type of flying not already indicated?  Yes  No

If you have answered 'Yes', please explain

15 <b>Type of Flying</b> Specify Aircraft if varied	Contemplated Next 12 Months (hours)	Past 12 Months (Hours)	Past 12-24 Months (Hours)
Scheduled airlines	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-scheduled air carriers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer owned planes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crop dusting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water bombing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mapping	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pipeline inspection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial photography	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instruction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private (separate from above)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Military (specify type of craft)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Test/Experimental (specify type of craft)	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature  Date

UL Aviation Question 12.16

If you require any further details, please ask your financial adviser.  
 Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:  
 administration@unihealthandlife.com