

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 **Type of Flying**

Specify Aircraft if varied

Contemplated
Next 12 Months (hours)

Past 12 Months
(Hours)

Past 12-24 Months
(Hours)

Scheduled airlines

Non-scheduled air carriers

Employer owned planes

Crop dusting

Water bombing

Mapping

Pipeline inspection

Advertising

Commercial photography

Instruction

Private (separate from above)

Military (specify type of craft)

Test/Experimental

(specify type of craft)

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