

For customers

Aviation questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Surname

Title

Mr / Mrs / Miss / Ms / Other – please specify

Date of birth (dd/mm/yyyy)

Full forename(s)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Questions

Complete the sections for the type of flying you take part in.

Pleasure flying

2.1 What category of licence do you hold?

- Student
- Private pilot
- Commercial

2.2 What type of aircraft do you fly?

Tick all that apply.

- Fixed wing
- Rotary wing

2.3 What's the make, model and weight of the aircraft you usually fly?

2.4 How many solo flying hours have you completed to date?

Solo flying is when a pilot completes a take-off, short flight and a safe landing without assistance.

2. Questions – continued

Pleasure flying – continued

2.5 How many hours have you flown in the last 12 months?
If you fly both rotary and fixed wing aircraft, tell us how many hours you've flown for each type.

2.6 What do you estimate your flying hours to be for the next 12 months?
If you fly both rotary and fixed wing aircraft, tell us how many hours you expect to fly for each type.

2.7 Do you take part in aerobatics, competition flying, stunt flying, low-level flying or exhibition flying?

No

Yes – give full details including type of events, certificates held and number of flying hours a year

2.8 Do you fly outside of the European Union (EU)?

No

Yes – give full details including countries and expected number of flying hours a year

2.9 Do you fly over inaccessible or remote areas?

No

Yes – give full details including locations and expected number of flying hours a year

2.10 Have you ever been grounded or had your license suspended?

No

Yes – give full details

Business flying

2.11 What category of licence do you hold?

Student

Private pilot

Commercial

2.12 What type of aircraft do you fly?
Tick all that apply.

Fixed wing

Rotary wing

2.13 What's the make, model and weight of the aircraft you usually fly?

2.14 How many flying hours have you completed to date?

2.15 How many hours have you flown in the last 12 months?

2. Questions – continued

Business flying – continued

2.16 What do you estimate your flying hours to be for the next 12 months?

2.17 Do you fly outside of the European Union (EU)?

No

Yes – give full details including countries and expected number of flying hours a year

2.18 Do you fly over inaccessible or remote areas?

No

Yes – give full details including locations and expected number of flying hours a year

2.19 Have you ever been grounded or had your license suspended?

No

Yes – give full details

2.20 Do you take part in any of the following:

a. Instructing

No

Yes – give full details including type of training for example club, commercial, beginners/advanced and the expected number of flying hours a year

b. Experimental or test flying

No

Yes – give full details including whether approved, production, experimental or prototype models and expected number of flying hours a year

c. Transport aviation (passenger or freight)

No

Yes – give full details including type of business you fly for, who owns the aircraft you're likely to use and expected number of flying hours a year

d. Aerobatics, competition flying, stunt or exhibition flying

No

Yes – give full details including type of events, certificates held and expected number of flying hours a year

e. Crop spraying/dusting or other low-level flying

No

Yes – give full details including expected number of flying hours a year

2. Questions – continued

Business flying – continued

f. Aerial surveying or photography

No

Yes – give full details including expected number of flying hours a year

g. Flying for the emergency services or search and rescue

No

Yes – give full details including expected number of flying hours a year

h. Inspection of, for example, pipes, power lines or telephone lines

No

Yes – give full details including expected number of flying hours a year

i. Other types of flying

No

Yes – give full details including the type and expected number of flying hours a year

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and they're correct.

Date (dd/mm/yyyy)

Signature

