



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



### Aviation (Military) Supplementary Questionnaire (Q14)

#### Particulars of Life Assured

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

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

#### Questions

1. Please state your current rank and your branch of service.  
\_\_\_\_\_

2. Please indicate the usual purpose for flying:  
 As a pilot for air transportation only       As an instructor for air transportation  
 As a pilot on fixed wing and helicopter       As a tester for prototypes or modified aircraft  
 As an aircrew       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. Are you involved in any of these activities?  
 Stunt flying       Test flying       Airshow exhibition / displays  
 Others: \_\_\_\_\_

If so, please provide details:

Frequency: \_\_\_\_\_ Number of hours per annum: \_\_\_\_\_

7. Are you involved in parachuting activities?  Yes  No

If 'Yes', please tick where applicable:

Static line  Free fall  Record attempts or competitions

Please specify frequency per annum: \_\_\_\_\_

8. 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)