



## Aviation (Commercial) Supplementary Questionnaire (Q44)

### Particulars of Life Assured

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

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

### Questions

1. Please state your occupation: \_\_\_\_\_

2. Please indicate the usual purpose for flying:

- Passenger transport                       Oil rig / offshore gas transfer                       Instructor  
 Aerial photography or surveys                       Crop spraying                       Testing  
 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. Have you ever been involved in a flying accident or had your licence restricted or suspended for any reason?

- Yes                       No

If 'Yes', please provide details: \_\_\_\_\_

7. 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)