



Aviation (Private) Supplementary Questionnaire (Q50)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Questions

1. Please indicate in what capacity you are flying:
- As a Pilot As a student pilot As an instructor

2. Do you fly for pleasure only?
- Yes No

If 'Yes', please provide details:

(a) Type of licence you hold: _____

(b) When did you obtain your licence? _____

(c) Where did you obtain your licence? _____

(d) Any history of flying accidents:

- Yes No

If 'Yes', please provide details:

Date of Accident	Details of Injury

3. What type(s) of aircraft do you fly?
- _____

4. Do you participate in competition, display, prototype testing, record attempts or stunt flying?

Yes No

If 'Yes', please provide details:

Frequency of Participation	Details

5. How many hours did you fly in the last 12 months? _____

6. How many hours will you fly in the next 12 months? _____

7. Do you also fly as a pilot for commercial reason?

Yes No

If 'Yes', please provide details:

Type of Aircraft	Number of Flights per Annum	Number of Hours per Annum

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)