



AVIATION QUESTIONNAIRE

Proposed Insured:	Date of Birth:	Application/Policy #:
-------------------	----------------	-----------------------

Type of license	Date issued	Total accumulated flying time	Flights in last 12 to 24 months		Flights estimated in next 12 months		Aircraft type(s) (Makes and Models)
			Number	Hours	Number	Hours	
<input type="checkbox"/> Student							
<input type="checkbox"/> Private							
<input type="checkbox"/> Commercial							
<input type="checkbox"/> Canadian Recreational Permit							
<input type="checkbox"/> Crop dusting							
<input type="checkbox"/> Bush pilot							
<input type="checkbox"/> Military							
<input type="checkbox"/> Other							

Do you have your instrument rating or hold any special endorsements (i.e. floats, IFR, VFR)?

YES NO If "YES" provide details including type(s) and date(s) achieved:

Have you ever had any aviation violations or accidents?

YES NO If "YES" provide details below:



AVIATION QUESTIONNAIRE

Have you in the past, or do you intend to make flights involving? Complete all applicable boxes:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Crop dusting | <input type="checkbox"/> Aerobatics | <input type="checkbox"/> Water bombing | <input type="checkbox"/> Mapping |
| <input type="checkbox"/> Testing / Experimental | <input type="checkbox"/> Exploration | <input type="checkbox"/> Spraying | <input type="checkbox"/> Glider towing |
| <input type="checkbox"/> Bush pilot | <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Instruction | <input type="checkbox"/> Other |

Provide details:

If coverage is not available at the regular premium rate, indicate the coverage which you may be willing to accept:

- | | |
|---|---|
| <input type="checkbox"/> Coverage subject to a rating/extra premium | <input type="checkbox"/> Coverage subject to an exclusion |
|---|---|

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

Date

Proposed Life Insured

Please note: Equitable® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.