

AVIATION QUESTIONNAIRE

Application Number _____

Proposed Life Insured	Date of Birth	dd/mm/yyyy
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Type of license	Date issued	Flights in last 12 months		Flights estimated in next 12 months		Total accumulated flying time as a pilot in command	Aircraft type(s)
		Number	Hours	Number	Hours		
<input type="checkbox"/> Student	dd/mm/yyyy						
<input type="checkbox"/> Private	dd/mm/yyyy						
<input type="checkbox"/> Commercial	dd/mm/yyyy						
<input type="checkbox"/> Crop dusting	dd/mm/yyyy						
<input type="checkbox"/> Bush pilot	dd/mm/yyyy						
<input type="checkbox"/> Military	dd/mm/yyyy						
Other	dd/mm/yyyy						

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:

Do you ever fly to or from any private or unlicensed airstrips? YES NO If "Yes" provide details below:

Have you ever had an aviation accident? YES NO If "Yes" provide details below:

If you carry a commercial license, specify the type of cargo you carry

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

If selected provide details:

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

Coverage subject to a rating/extra premium
 Coverage subject to an exclusion

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