



ULTRA-LIGHT PLANES AND HANG-GLIDING QUESTIONNAIRE

Application Number	
Proposed Life Insured	Date of Birth

Do you fly?	Is your craft?	Usual flying height	Maximum			Hours flown in Past 12 months	Hours estimated Next 12 months
			Highest Height	Distance flown	Usual Duration of a flight		
<input type="checkbox"/> Ultra-Light	<input type="checkbox"/> homebuilt <input type="checkbox"/> commercial <input type="checkbox"/> built from kit	<input type="checkbox"/> feet <input type="checkbox"/> meters <input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters <input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> miles <input type="checkbox"/> kms <input style="width: 50px; height: 20px;" type="text"/>			
<input type="checkbox"/> Hang-glider	<input type="checkbox"/> homebuilt <input type="checkbox"/> commercial <input type="checkbox"/> built from kit	<input type="checkbox"/> feet <input type="checkbox"/> meters <input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> feet <input type="checkbox"/> meters <input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> miles <input type="checkbox"/> kms <input style="width: 50px; height: 20px;" type="text"/>			

1. Do you hold a valid pilot / operator license?
 YES NO
2. Do you fly professionally?
 YES NO
3. Are you a member of an organized club?
 YES NO
4. Do you do any stunt flying or altitude records?
 YES NO
5. Have you ever flown or do you intend to fly experimental equipment of either a manufacturer's or your own design?
 YES NO

If "YES" provide details:

6. Describe/name the aircraft you usually fly. _____
7. Describe the type of terrain usually flying over (e.g. flat, rock, water, mountains) _____

Remarks:



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

- Coverage subject to a rating/extra premium
- 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

Witness

Proposed Insured

Please note: Equitable Life® 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 Life 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.