UV INSURANCE

AVIATION QUESTIONNAIRE

NAME:	**FIRST NAME:**
DATE OF BIRTH: _____/_____/_____ M D Y	**APPLICATION OR POLICY NUMBER:**

1. Within the last three years, as pilot or student pilot, please indicate:

How many solo hours have you flown? _____

What type of aircraft? _____

When did you last fly? _____

What type of license do you hold? _____

Date of issue? _____

2. Are you licensed for instrument flight rating? ❒ Yes ❒ No

3. If you are note pilot or student pilot what are your duties on board? _____

_____

4. Total of hours flown:

Within the last twelve months: _____

Between the last twelve and twenty-four months: _____

Within the next twelve months: _____

5. Reason of present and future flying?

❒ Personal matter ❒ Leisure ❒ Business ❒ Other: _____

6. Which region do you fly over? _____

7. Have you ever been involved in a flying accident, grounded or fined due to a violation? ❒ Yes ❒ No

If yes, details : _____

8. Do you have any operational restriction on your medical certification? ❒ Yes ❒ No

If yes, details : _____

9. Have you ever done or do you intend to do one of the following type of flying?

❒ commercial airlines	❒ instructor	❒ private	❒ air taxi	❒ fire fighting
❒ chartered flights	❒ publicity, photography	❒ medical	❒ hang gliding	❒ agricultural
❒ air force	❒ hunting and fishing	❒ acrobatic	❒ surveying	❒ inspection of pipes and power lines
❒ crop dusting	❒ traffic control	❒ mapping	❒ racing	

10. Do you anticipate any changes in your flying activities? ❒ Yes ❒ No

If yes, details: _____

If your application is not approved standard do you wish :

☐ **a rating**
☐ **an exclusion**

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X_____ **X**_____

SIGNATURE OF THE PROPOSED INSURED **SIGNATURE OF THE POLICY OWNER**

X_____ _____

WITNESS **DATE**

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll free: 1 800 567-0988 ■ Fax: 819 474-1990

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