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|---------------|---|---|------------------------------|
| NAME | | | |
| FIRST NAME | | | |
| DATE OF BIRTH | | | APPLICATION OR POLICY NUMBER |
| D | M | Y | |

HOT-AIR BALLOON, HANG GLIDER AND ULTRALIGHT QUESTIONNAIRE

1. **Type of Aircraft:** Hot-Air Ballon
 Hang glider
 Ultra-Light

2. **Construction:** Manufactured Fixed Wing Non-motorised
 Assembled at home Parachute
 Homebuilt Motorised

3. **Type of Flight:** Advertising Instruction
 Leisure Student
 Passenger flight Others: _____

4. **If more than one type of flight, please provide the complete details:**
Date of the first flight: _____ Of the last flight: _____
Total number of hours of experience: _____
Hours flown in the last **12 months:** _____ Number of flights? _____
Hours to be flown in the next **12 months:** _____ Number of flights? _____
Average Altitude: _____ Highest altitude: _____
Average Distance: _____ Longest: _____
Average Duration: _____ Longest: _____

5. **Describe any accident or incident:** _____

6. **Describe the terrain flown over:** _____

7. **Do you have a pilot license?** Yes No **If yes,** provide the complete details: _____

8. **Provide the complete details of all permits and qualifications you had to obtain in order to participate in this activity:**

9. **Have you or do you plan to participate in any other aeronautic activity not mentioned above? (Example: attempt to break records, experimental equipment testing, Great Lakes and/or Ocean crossing, participate in this activity outside North America, etc.)** Yes No
If yes, provide the complete details: _____

10. **Are you member of a Club?** Yes No **If yes,** which: _____

11. **Are you taking any medication?** Yes No
If yes, provide the complete details: _____

If this application is not approved standard, do you wish: a rating
 an exclusion

I declare that all statements and answers provided above are complete and true and that this information shall form part of my insurance application with **UL Mutual**.

X _____ X _____
SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ X _____
WITNESS DATE