

Important: Fill out in block letters and answer each section as accurately as possible.

Application or contract number _____
 Insured's first name _____ Last name _____
 Date of birth [Y | Y | Y | Y | M | M | D | D]

Section A – Questionnaire

- Which of the following are you? Pilot Student pilot
- In the last three years as a pilot or student pilot:
 - How many hours of flying did you complete? _____
 - What type(s) of aircraft have you flown? _____
 - When did you last fly? [Y | Y | Y | Y | M | M | D | D]
 - What kind of permit or licence do you currently have? _____
 - When did you obtain your licence? [Y | Y | Y | Y | M | M | D | D]
- Do you hold an instrument rating? Yes No
- If you are not a pilot or student pilot, what are your duties on board? _____
- How many hours of flight time have you accumulated/do you plan:

In the past 12 months	Within the last 12–24 months	In the next 12 months

- What kind of flight schedule do you maintain? Scheduled or Unscheduled (provide details): _____
- What are the reasons for your upcoming and future flights?
 Personal matters Pleasure Business Other _____
- What areas do you fly over? _____
- Have you ever had an accident, a flight ban or a fine? Yes No
- Do any operational limitations appear on your medical certificate? Yes No
- Have you ever flown or do you intend to fly any of the following types of flight?

<input type="checkbox"/> Commercial flight	<input type="checkbox"/> Teaching flight	<input type="checkbox"/> Domestic flight	<input type="checkbox"/> Air taxi	<input type="checkbox"/> Chemical spraying or forest fire
<input type="checkbox"/> Chartered flight	<input type="checkbox"/> Advertising, photography	<input type="checkbox"/> Air ambulance	<input type="checkbox"/> Glider	<input type="checkbox"/> Crop treatment
<input type="checkbox"/> Test flight	<input type="checkbox"/> Hunting and fishing	<input type="checkbox"/> Acrobatics/stunt	<input type="checkbox"/> Patrol	<input type="checkbox"/> Mapping
<input type="checkbox"/> Bush flying	<input type="checkbox"/> Traffic control	<input type="checkbox"/> Power line and pipe inspections		
- Do you anticipate any changes to your aviation activity? Yes No **If yes,** please provide details:

If your application is not accepted on a standard basis, would you want: A rating An exclusion

Section B – Signatures

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with UV Insurance.

Signed at _____ [Y | Y | Y | Y | M | M | D | D]

X _____ **X** _____
 Signature of the person to be insured Signature of owner (required if insured is a minor)