

Flight Activity Questionnaire
(hot air balloon, hang glider or ultralight)

EQC048

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

1. What type of aircraft do you fly? Hot air balloon Hang glider Ultralight
2. Specify the type of manufacture of your aircraft:
 Factory-assembled Rigid wing Parachute
 Powered Homemade Not powered
3. Why do you fly this aircraft (Check all that apply)?
 Advertising Pleasure Passenger transport Flight instruction Learning to fly Other: _____
4. Date of first flight [Y | Y | Y | Y | M | M | D | D] Date of most recent flight [Y | Y | Y | Y | M | M | D | D]
 How long have you been flying aircraft (total hours of experience)? _____
5. How many flights have you flown in the past 12 months? _____
6. How many flights are planned for the next 12 months? _____
7. What is your average flight altitude? _____ What is your highest flight altitude? _____
8. What is your average flight distance? _____ What is your longest flight distance? _____
9. What is your average flight duration? _____ What is your longest flight duration? _____
10. What type of terrain do you fly over? _____
11. Have you ever had an accident or mishap? Yes No **If yes**, please provide details:

12. Do you hold a pilot's licence or rating to pursue aviation? Yes No
If yes, please provide details _____
14. Have you ever participated or are you planning to participate in other aeronautical activity not mentioned above?
 (e.g.: attempts to break record, flying experimental equipment, crossing large lakes or oceans, activity outside North America, etc.)
 Yes No **If yes**, please provide details: _____
15. Do you belong to an organized flying club? Yes No **If yes**, please print the name of the club: _____

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)