



AVIATION QUESTIONNAIRE

NAME: FIRST NAME: DATE OF BIRTH: 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? 3. If you are note pilot or student pilot what are your duties on board? 4. Total of hours flown: 5. Reason of present and future flying? 6. Which region do you fly over? 7. Have you ever been involved in a flying accident, grounded or fined due to a violation? 8. Do you have any operational restriction on your medical certification? 9. Have you ever done or do you intend to do one of the following type of flying? 10. Do you anticipate any changes in your flying activities?

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. SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER WITNESS DATE