



|               |   |   |                              |
|---------------|---|---|------------------------------|
| 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