

**AVIATION QUESTIONNAIRE** (to be completed by Proposed Insured)

(For pilots, crew or passengers in respect of aviation other than as a fare-paying passenger on a scheduled flight on a recognized air route. Applies to flights by airplane, helicopter, balloon and airship.)

Full Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

**1. Flying Experience**

Have you ever flown as a pilot?  Yes  No

If Yes:

a) What type of licence do you have? \_\_\_\_\_

b) What type of aircraft are you authorized to fly? \_\_\_\_\_

c) When did you learn to fly? \_\_\_\_\_

d) How many hours flying as a pilot i) have you done to date? \_\_\_\_\_

ii) have you done in the last 12 months? \_\_\_\_\_

e) Have you been involved in any flying accidents?  Yes  No If yes, please provide details.

\_\_\_\_\_

f) Have you ever had your licence revoked or been grounded?  Yes  No If yes, please provide details.

\_\_\_\_\_

**2. Nature of Intended Flying**

a) Type of aircraft (make, model, name and number)	Number of Hours as a Pilot	Number of Hours as a Passenger	Purpose (e.g. pleasure, business, air taxi, instructor)

b) Who owns the aircraft? \_\_\_\_\_ Does the owner hold an Air Operators Certificate?  Yes  No

c) Who maintains the aircraft? \_\_\_\_\_

d) Where do you intend to fly? (over what geographic area) \_\_\_\_\_

e) Will flights be between licensed airfields?  Yes  No If no, please give details.

\_\_\_\_\_

f) Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying?

Yes  No If yes, please give details. \_\_\_\_\_

g) Do you intend to undertake any low-level or specialized flying or maneuvering, e.g. crop spraying, inspection?

Yes  No If yes, please give details. \_\_\_\_\_

h) Do you intend to fly as a test pilot?  Yes  No If yes, please state:

i) the name of your employer: \_\_\_\_\_

ii) whether the aircraft are prototypes, new, reconditioned, etc. \_\_\_\_\_

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Proposed Insured