

## Supplementary Personal Statement

## Aviation questionnaire

## Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Deta	ils of life	insured						
Applic	ation/Polic	y number(s)	if known					
Title	O Mr	O Mrs	O Ms	O Miss	O Doctor	O Other		
Surname						Given name(s)		
Date c	f birth (dd/ı	mm/yyyy)	/	/				
Plea	se answ	er the fol	lowing q	uestions				
		flown as a part of the state of			the crew of an a	aircraft?	○ Yes	○ No
					to fly as a pilot e period you ha	or member of the crew of an aircraft?  ve held it:	○ Yes	O No
3. Apr	proximate r	number of f	lying hours	as a pilot (in	cluding flights	accompanied by instructor):		
<b>a)</b> Tota	a) Total to date: b) In the last 12 months:					c) Future annual average:		
4. Wh	at type of f	ilying do yo	u do? i.e. cl	harter, privat	te, commercial	aero club, agricultural helicopter, ultralight, glidi	ing:	
5. Do you always use authorised landing areas?  If no, please give details:							○ Yes	○ No

6. Are you contemplating any change in your flying activities? (e.g. learning to fly, reviving a lapsed licence, changing the scope of your present licence)	○ Yes	○ No
If <b>yes</b> , please give details:		
7. a) Have you ever had an accident as a pilot?	○ Yes	○ No
If <b>yes</b> , please give details:		
b) Have you ever been charged with a contravention of aviation regulations of any authority?	○ Yes	○ No
If <b>yes</b> , please give details:		
8. Have you engaged in or do you intend to engage in any special or unusual aviation activities? (e.g. aerobatics, crop dusting)	○ Yes	O No
If <b>yes</b> , please give details:		
9. Do you intend to engage in any form of aviation other than the categories stated in Question 4? (e.g. ballooning, parachuting, paragliding or other)	○ Yes	O No
If <b>yes</b> , please give details:		
Declaration		
I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrep statements and answers provided in this questionnaire are true, accurate and complete. I understand that the information conjunction with any other statements made in connection with this application for life insurance will be used by Zu to extend life insurance cover to the policy owner in respect of my life.	ation I provide on thi	is form
I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including healt sensitive information) as described in the Product Disclosure Statement and Zurich's Privacy Policy, which is available zurich.com.au/important-information/privacy or by calling Customer Care on 133 667.		
If I have provided information about another person in this application (for example a beneficiary or life insured), I dec of that person to do so. If I give Zurich personal information about someone else, I understand that Zurich requires me the Product Disclosure Statement and Zurich's Privacy Policy so that they may understand the manner in which their be used or disclosed by Zurich and their related entities.	e to show them a co	py of
Name of life insured		
Signature		
<u>X</u>		
Date (dd/mm/yyyy)		
Date (dd/mm/yyyy) / /		
Zurich Website: zurich.com.au		



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