

Aviation questionnaire

(to be completed by the life to be insured)

Instructions

The information you give will assist us in the assessment of your proposal and may help minimise the need for medical reports.

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information.

If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Date of birth

D	D	M	M	Y	Y	Y	Y
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2 Supplementary questions

Questions 1, 2 and 12 must be completed in all cases. Otherwise it is only necessary to complete those sections of the form which cover flying to be undertaken.

1. What is your occupation?

2. Have you ever flown as a pilot?

Yes No

If 'Yes', please answer the following:

i. When and where you learnt to fly.

ii. What category of licence you hold (e.g. student pilot's, private pilot's or any type of commercial licence).

iii. Your licence number and date of last renewal.

iv. Type and make of aircraft flown.

Supplementary questions (continued)

v. Approximate number of flying hours as pilot (not counting flights accompanied by an instructor).

	Total to date	Last 12 months
a. Fixed wing powered		
b. Helicopters		
c. Gliders		
d. Microlight		
e. Hang-glider/Parascending		

vi. Estimate of total number of expected flying hours each year in the future under questions 'a' to 'e'.

vii. Do you intend to use unlicensed/unrecognised airfields?

Yes No

If 'Yes', please give locations.

viii. Have you engaged or are you likely to engage in: local, national, or international air competitions or displays (e.g. aerobatics or team flying)?

Yes No

If 'Yes', please give details.

3. Private flying for non-business purposes (other than flying as an instructor or gliding).

i. Please state expected flying hours each year in:

	Hours as a pilot	Hours as other aircrew
a. Fixed wing powered		
b. Helicopters		

ii. Geographical limits.

iii. Size of aircraft.

Kg

4. Flying as commercial air crew for a major airline. If not a major airline, please ensure question 7 is completed in full.

i. Please state expected flying hours each year in:

	Hours as a pilot	Hours as other aircrew
a. Fixed wing powered		
b. Helicopters		

Please give details of:

ii. What is the size of the aircraft you pilot?

Below 2,300kg 2,300 – 5,700kg Over 5,700kg

iii. Precise capacity (e.g. pilot, navigator, etc.).

iv. Routes served.

v. Whether you will be engaged almost entirely in passenger carrying aircraft operating over regular routes and according to timetable. If not please give details of flying.

vi. Name of employer.

vii. Whether you intend to change your employer.

Supplementary questions (continued)

5. Flying as a civilian test pilot or technical observer.

i. Please state expected flying hours each year in:

	Hours as a pilot	Hours as other aircrew
a. Fixed wing powered		
b. Helicopters		

ii. Nature of activity (e.g. routine testing for airworthiness, testing of experimental or prototype aircraft, type of observations to be made, etc.) Please give full details.

iii. Details of any flying in any aircraft not holding a current Certificate of Airworthiness.

iv. Geographical limits.

v. Who owns the aircraft likely to be used.

6. Civilian flying as an instructor.

i. Please state expected flying hours each year in:

	Hours as a pilot	Hours as other aircrew
a. Fixed wing powered		
b. Helicopters		

ii. Nature of instruction (e.g. club or commercial flying, ab initio or advanced training).

7. Flying for business purposes (other than covered in questions 3, 4, 5 and 6).

i. Please state expected flying hours each year in:

	Hours as a pilot	Hours as other aircrew
a. Fixed wing powered		
b. Helicopters		

ii. The nature of the business undertaken.

iii. Geographical limits.

iv. Who owns the aircraft likely to be used.

v. Size of aircraft.

_____ Kg

If low level flying such as crop spraying is involved, please give details and expected hours included in (i) above.

Supplementary questions (continued)

8. Service flying.

If you engage in flying as a member of HM Forces or Reserves, please state:

	Hours as a pilot	Hours as other aircrew
i. Expected flying hours each year		
ii. The exact branch of the Services or Reserves.		
iii. Your rank.		
iv. Nature of flying involved.		

9. Gliding.

Please state:

	Hours as a pilot	Hours as other aircrew
i. Expected flying hours each year		
ii. Geographical limits.		
iii. Are you likely to engage in competitions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details.		

10. Microlight.

Please state:

	Hours as a pilot	Hours as other aircrew
i. Expected flying hours each year		
ii. Geographical limits.		
iii. Are you likely to engage in competitions, record attempts, test developments or aerobatic flying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details.		
iv. What is the weight of your microlight?		_____ Kg
v. Have you had any accidents in a microlight?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details.		

Supplementary questions (continued)

11. Hang-gliding.

Please state:

	Hours as a pilot	Hours as other aircrew
i. Expected flying hours each year		

ii. Whether you are likely to engage in competitions, record attempts, test development or aerobatic flying?

iii. Have you had any accidents in hang-gliders?

Yes No

If 'Yes', please give details.

iv. Do you regularly wear a parachute whilst hang-gliding?

Yes No

v. Do you have any intention of being towed by a vehicle or boat?

Yes No

12. Previous insurance history

Has any proposal for life assurance or personal accident insurance against flying risks ever been declined or accepted with special conditions or extra rate of premium?

Yes No

If 'Yes', please state the name of the company and the date of the application.

Thank you for completing this form. Please return it to us with your proposal, or if you prefer, in a sealed envelope.

3 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

4 Declaration/consent

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

Signature of life to be insured

Date

D	D	M	M	Y	Y	Y	Y
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