

Aviation Questionnaire

(Power driven aircraft or gliders – except as a fare-paying passenger of a recognised airline)

Application number:

Person to be Insured:

1) Please advise the type of licence you hold.

2) Have you ever had your licence revoked?
If 'yes' please provide full details.

Yes No

3) How many years have you held a pilots licence?

4) Which types of aircraft are you licensed to fly?

5) Do you intend to upgrade your licence?

Yes No

6) What is the total number of hours you have flown?

7) Please complete the following table in respect of each type of aviation you currently engage in or intend to engage in, as defined by the Aviation Authorities:

Type of aviation	Number of hours flown in the last year		Number of hours expected to fly each year in the future	
	Fixed wing	Rotorcraft	Fixed wing	Rotorcraft
High capacity air transport				
Low capacity air transport				
Charter				
Private				
Flying training (instructing)				
Agricultural (*)				
Aerobatics (*)				
Gliding				
Ultralights/Microlights (#)				
Gyroplanes (#)				
Other aerial work (*)				
Other types of aircraft (*)				

8) If you answered 'yes' to any activity marked with (*) please give a full description of the type of aircraft flown and of the flying undertaken. For aerobatics please indicate whether above or below 3000 feet.

9) If you answered 'yes' to any activity marked with (#) please provide details of class of ultralight or gyroplane, whether you belong to a club, association and the Air Navigation Order under which your flying is controlled.

10) Is any of the above flying outside New Zealand? Yes No
If 'yes' please provide full details.

11) Do you intend to or do you currently undertake any low level flying (below 500ft) or specialised flying or manoeuvring? Yes No
If 'yes' please provide full details.

12) Have you ever been involved in any flying accidents whilst operating as a pilot, and/or been charged with violating Civil Aviation Regulations? Yes No
If 'yes' please provide full details.

13) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice? Yes No
If 'yes' please provide full details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date