

Financial centre no.	Advisor's no.
Contract no.	
Name of first insured	

AVIATION AND SPORTS FLYING QUESTIONNAIRE

PROPOSED INSURED			
First name	Last name	Date of birth	
		D	M Y

AVIATION			
1- Number of flying hours:	Accumulated hours	Last 12 months	Next 12 months
Private aircraft <input type="checkbox"/>			
Private aircraft - solo flying <input type="checkbox"/>			
Commercial aircraft, flights <input type="checkbox"/> scheduled <input type="checkbox"/> unscheduled			
Military aircraft or other, specify: _____			

2- What type of licence do you hold? _____	
3- Has it ever been suspended? If Yes , specify: _____	3 <input type="checkbox"/> Yes <input type="checkbox"/> No
4- Have you ever had an accident while flying? If Yes , specify: _____	4 <input type="checkbox"/> Yes <input type="checkbox"/> No
5- Do you intend to change the type of flying you do? If Yes , specify: _____	5 <input type="checkbox"/> Yes <input type="checkbox"/> No
6- Do you intend to continue flying? _____	6 <input type="checkbox"/> Yes <input type="checkbox"/> No
7- Have you received your instrument flying certificate? _____	7 <input type="checkbox"/> Yes <input type="checkbox"/> No
8- What is the purpose of your flights? _____	
9- Over which areas do you usually fly? _____	
10- What type of aircraft do you fly? _____	
11- Do you do chemical spraying or forest fire fighting? _____	11 <input type="checkbox"/> Yes <input type="checkbox"/> No

SPORTS FLYING	
Type of sport: <input type="checkbox"/> hang-gliding <input type="checkbox"/> ballooning <input type="checkbox"/> parachuting <input type="checkbox"/> ultralight flying <input type="checkbox"/> paragliding <input type="checkbox"/> other, specify: _____	
In what capacity do you practise this sport? <input type="checkbox"/> Amateur <input type="checkbox"/> Professional <input type="checkbox"/> Instructor <input type="checkbox"/> Test pilot <input type="checkbox"/> Record setter	
1- Assembly: <input type="checkbox"/> kit <input type="checkbox"/> factory-built <input type="checkbox"/> handcrafted <input type="checkbox"/> other: _____	
2- Where do you practise this sport? _____	
3- Do you intend practising this sport outside Canada? If Yes , specify: _____	3 <input type="checkbox"/> Yes <input type="checkbox"/> No
4- What are your plans? _____	
5- How long have you been practising this sport? _____	
6- Have you ever had an accident? If Yes , specify: _____	6 <input type="checkbox"/> Yes <input type="checkbox"/> No
7- Number of flights or jumps: _____ last 12 months: _____ next 12 months: _____	
8- Are you affiliated with a club? If Yes , specify: _____	8 <input type="checkbox"/> Yes <input type="checkbox"/> No
9- Specify: your licences: _____ your particular skills: _____ the courses you have taken: _____	

If your application is not approved at the regular rate, do you wish: to be covered for risks related to aviation or sports flying on payment of an extra premium.
 not to be covered for risks related to aviation or sports flying (if an exclusion is available).

I hereby acknowledge and certify that the above answers are complete and true and agree that they will form part of the insurance application.

_____ Date _____ Signature of proposed insured _____ Signature of witness _____
 (if minor, signature of father, mother or tutor)