

Form Pst 01 - Supplementary Questionnaire
Aviation
 (All Aspects, including Recreational/Private, Commercial & HM Armed Forces)

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

Please complete only the section relevant to you and sign the declaration on the last page

A – Flying Experience (To be completed in all cases)

1. Have you ever flown as a pilot? Yes No If **yes**, please give details:

a) Date of first flight

Month:	Day:	Year:
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b) When and where you learnt to fly

c) What category of licence you hold,
(ie: Student Pilot's Private Pilot's or any type of commercial licence.)

d) Your licence number and date of last renewal

e) Make and model of aircraft flown

f) Maximum take-off weight of the above aircraft

g) Approximate number of flying hours as a pilot
(not counting flights accompanied by an instructor):

Aircraft Type:	Total to date:	In the last 12 months:
Fixed wing-powered		
Helicopters		
Gliders		

h) Total number of expected flying hours each year in future under Sections B to G

Hours:

i) Have you engaged in, or are you likely to, national or international air competitions or displays, ie: aerobatics, air racing and gliding record attempts, stunts, exhibition or team flying?

Yes No If **yes**, please give details:

*Please use the space in **Section J** at the end of this form to provide any Additional Information, if required.*

B – Private Flying for Non Business Purposes (Other than Flying as an Instructor or Gliding)

2. Are you likely to fly in this capacity? Yes No
 If **yes**, please state:

a) Expected flying hours in:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		
Gliders		

b) Geographical limits:

Please use the space in **Section J** at the end of this form to provide any Additional Information, if required.

C – Flying as Commercial Air Crew

3. Are you likely to fly in this capacity? Yes No
 If **yes**, please state:

a) Expected flying hours in:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		

b) Precise capacity ie: pilot, navigator etc.

c) Routes served:

d) Do you expect to be engaged almost entirely in passenger carrying aircraft operating over regular routes and according to timetable?

Yes No If **no**, please give full details of flying:

e) Name of employer

f) Types (with weight) of aircraft flown

g) whether you intend to change your employer in the near future: Yes No

Please use the space in **Section J** at the end of this form to provide any Additional Information, if required.

D – Flying as a Civilian Test Pilot or Technical Observer

4. Are you likely to fly in this capacity? Yes No
 If **yes**, please state:

a) Expected flying hours in these capacities per year in:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		

b) Nature of activity for example, routine testing for airworthiness, testing of experimental or prototype aircraft, type of observations to be made (please give as full details as possible).

c) Details of any flying in aircraft not holding a current Certificate of Airworthiness

d) Geographical limits

e) Who owns the aircraft likely to be used?

Please use the space in Section J at the end of this form to provide any Additional Information, if required.

E – Civilian Flying Instructors

5. Are you likely to fly as an instructor? Yes No
 If **yes**, please state:

a) Expected flying hours in these capacities per year in:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		

b) Nature of instruction, ie: club or commercial flying. ab initio or advanced training

Please use the space in Section J at the end of this form to provide any Additional Information, if required.

F – Flying for Business Purposes (Other than covered in Sections C, D, & E)

6. Are you likely to fly in this capacity?
If **yes**, please state:

Yes No

a) Expected flying hours in these capacities per year in:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		

b) The nature of the business undertaken:

c) Who owns the aircraft likely to be used?

d) The type of aircraft:

e) Geographical limits:

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

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G – Gliding

7. Please state:

a) Expected flying hours:

Aircraft Type:	Hours per annum as pilot:	Hours per annum as passenger:
Glider		

b) Geographical limits:

c) Whether you are likely to engage in competitions

Yes No If **yes**, please give details:

Please use the space in Section J at the end of this form to provide any Additional Information, if required.

H – Service Flying - HM Armed Forces

8. Do you engage in flying as a member of HM Forces or Reserves? Yes No
 If **yes**, please state:

a) Expected flying hours a year in:

Aircraft Type - Please state:	Hours per annum as pilot:	Hours per annum as passenger:
Fixed wing-powered		
Helicopters		

b) Please indicate the exact branch of the Services or Reserves and state your rank:

Branch:	Rank:
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c) Do you take part in exhibitions or displays?

Yes No If **yes**, please give details:

d) Nature of flying involved:

e) Are you on standby or under orders to proceed to an area of actual or potential unrest?

Yes No If **yes**, please give details:

f) Do you engage in aviation as a leisure pursuit?

Yes No If **yes**, please give details:

Please use the space in Section J at the end of this form to provide any Additional Information, if required.

I – Previous Insurance

9. Has any proposal for life, health or personal accident insurance against flying risks ever been:

a) Declined: Yes No

OR

b) Accepted with any special conditions or extra rate of premium: Yes No

If **yes**, please state the name of the Company or Underwriter (to whom reference may be made) and the date of the application:

Please use the space in Section J at the end of this form to provide any Additional Information, if required.

J – Additional Information

Empty box for additional information.

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.