



Name of Proposed Insured: [] Application/Policy No: []

- 1. Have you ever flown as a pilot, student pilot, crew member or do you intend to do so in the future? [] Yes [] No
If yes: a) How many hours have you flown as a student pilot, pilot or crew member? []
b) Total number of solo hours flown: [] c) when did you last fly? []
d) If other than pilot or student pilot, please describe duties aboard aircraft: []

- 2. a) What type(s) of pilot's license do you currently hold? []
b) When was it granted? []
c) Do you have your Instrument Flight Rating (IFR)? [] Yes [] No
d) Do you hold a Canadian Recreational Permit? [] Yes [] No

Table with 2 columns: Type(s) of aircraft (i.e. single/multi-engine and name of manufacturer, or home-built) and % of flying time in each.

4. Please provide particulars of all flight hours in the following table: WHERE NO ENTRY IS MADE, WE ASSUME YOUR ANSWER IS "NONE"

Table with 8 columns: Type of flying, Next 12 months, Past 12 months, Past 12-24 months, Type of flying, Next 12 months, Past 12 months, Past 12-24 months.

Other types of flying (please explain): []

- 5. Does all your flying involve established airfields? [] Yes [] No
If no, please explain: []
6. Over what geographical area(s) do you fly? []
7. Have you ever had an aviation accident, been grounded, fined, or warned for violation of air regulations? [] Yes [] No
If yes, please provide full details including date(s): []
8. Do you have or have you ever had any operational limitations on your FAA/Transport Canada medical certificate? [] Yes [] No
If yes, please give details: []
9. Have you participated in or do you contemplate participating in hot air ballooning (tethered or free flight), hang gliding, or ultra-light flying? [] Yes [] No
If yes, please specify type, number of hours flown, and altitudes: []
10. Have you engaged in or do you contemplate engaging in any type of flying not already indicated? [] Yes [] No
If yes, please explain: []

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.
[] []

Signature of Proposed Insured Date (day/month/year)