

**BALLOONING/HANG GLIDING/ULTRALITE QUESTIONNAIRE** (to be completed by Proposed Insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. Type of craft:     Balloon                       Hang Glider                       Ultralite
2. Construction:     Home Assembled                       Factory Assembled                       Home Built
- Parachute                       Motorized                       Not Motorized
3. Type of Flying:     (a) Advertising     (b) Instructing     (c) Pleasure     (d) Student     (e) Carrying Passengers
- (f) Other (please provide details): \_\_\_\_\_

4. Please provide details below. If more than one type of flying, please indicate (a), (b), (c), etc., by referring to the above.

Date First Flight:	Date Last Flight:
Total Hours:	
Hours Last 12 Months:	Hours Next 12 Months:
Average Height:	Greatest Height:
Average Distance:	Greatest Distance:
Average Duration:	Greatest Duration:

5. Have you ever had any accidents or mishaps?     Yes     No    If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

6. Describe types of terrain over which you fly: \_\_\_\_\_

7. Do you currently hold a DOT or FAA Pilot's Licence?     Yes     No

8. Describe required qualifications/licencing you have obtained in order to operate your craft:

\_\_\_\_\_

9. Have you engaged in or do you intend to participate in any type of flying, ballooning or hang gliding not already indicated (e.g. record attempts, experimental equipment, over large bodies of water, outside North American)?     Yes     No

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

Witness

Proposed Insured