

**AVIATION QUESTIONNAIRE** (to be completed by Proposed Insured)

(For pilots, crew or passengers in respect of aviation other than as a fare-paying passenger on a scheduled flight on a recognized air route. Applies to flights by airplane, helicopter, balloon and airship.)

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

**1. Flying Experience**

Have you ever flown as a pilot?  Yes  No

If Yes:

a) What type of licence do you have? \_\_\_\_\_

b) What type of aircraft are you authorized to fly? \_\_\_\_\_

c) When did you learn to fly? \_\_\_\_\_

d) How many hours flying as a pilot i) have you done to date? \_\_\_\_\_

ii) have you done in the last 12 months? \_\_\_\_\_

e) Have you been involved in any flying accidents?  Yes  No If yes, please provide details.

\_\_\_\_\_

f) Have you ever had your licence revoked or been grounded?  Yes  No If yes, please provide details.

\_\_\_\_\_

**2. Nature of Intended Flying**

a) Type of aircraft (make, model, name and number)	Number of Hours as a Pilot	Number of Hours as a Passenger	Purpose (e.g. pleasure, business, air taxi, instructor)

b) Who owns the aircraft? \_\_\_\_\_ Does the owner hold an Air Operators Certificate?  Yes  No

c) Who maintains the aircraft? \_\_\_\_\_

d) Where do you intend to fly? (over what geographic area) \_\_\_\_\_

e) Will flights be between licensed airfields?  Yes  No If no, please give details.

\_\_\_\_\_

f) Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying?

Yes  No If yes, please give details. \_\_\_\_\_

g) Do you intend to undertake any low-level or specialized flying or maneuvering, e.g. crop spraying, inspection?

Yes  No If yes, please give details. \_\_\_\_\_

h) Do you intend to fly as a test pilot?  Yes  No If yes, please state:

i) the name of your employer: \_\_\_\_\_

ii) whether the aircraft are prototypes, new, reconditioned, etc. \_\_\_\_\_

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured
		X