

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? _____

iii) do you intend to fly in the next 12 months? _____

e) Do you have an Instrument Flight Rating (IFR)? ☐ Yes ☐ No

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

g) 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