

Hazardous Activities: Aviation

i Important information

Please remember that all the information requested in this questionnaire is taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you misstate any information, it may mean that a claim is not paid or the policy is amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Name

Title Initials Surname

Date of Birth (DDMMYYYY)

Application number/
Reference

1 Flying Experience

a) Have you ever flown as a pilot? Yes No

If 'Yes', please answer the following questions:

i) When did you learn to fly?

ii) What type of licence do you hold?

iii) Have you ever been grounded or had your licence revoked? Yes No

If 'Yes', please give details.

iv) Approximately how many hours flying solo experience do you have? Hours

v) What are your total flying hours in the last 12 months? Hours

2 Future Flying Intentions –

Please estimate the number of flying hours as a pilot or a passenger per annum.

	Pilot	Passenger
Club or privately owned aircraft for pleasure or recreation		
Club or privately owned aircraft for business purposes		
Low level flying e.g. crop spraying, photography, search and rescue		
Air competitions, racing, aerobatics, stunt flying or record attempts		
Commercial pilot		N/A

Question 3 should be answered only if you are a commercial pilot. If this does not apply to you please proceed to question 4.

3 Are you employed by a major airline as an airline pilot, flying on scheduled flights, carrying passengers or freight?

Yes No

If 'No', please state which of the following you fly:

Fixed wing aircraft, weighing less than or equal to 5,700 kg*

Fixed wing aircraft, weighing more than 5,700 kg*

Rotary wing aircraft, weighing less than or equal to 2,730 kg*

Rotary wing aircraft, weighing more than 2,730 kg*

* This is the maximum take-off weight i.e. fully fuelled.

4 Will you fly as a civilian test pilot or technical observer?

Yes No

If 'Yes', please state the precise purpose of the flights (e.g. routine testing for airworthiness, testing of prototype or experimental aircraft and the capacity in which you fly).

5 What are the geographical limits of your flying?

6 Will all the flights be between recognised airfields?

Yes No

If 'No', please give full details.

7a Please state type(s) of aircraft flown.

7b If you answered 'Glider' to question 7a, is it a self-launching glider?

A self-launching glider is a glider with its own motor which enables take-off without any other assistance.

Yes No

8 If you have any further information not covered by the previous questions, please provide it here.

CUSTOMER DECLARATION

By accepting this:

- I agree that the information given in this questionnaire has been provided truthfully and accurately.
- I agree that this questionnaire will form part of my application and the information provided here will be used for assessing my application and any subsequent claim.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect/missing it may mean that a claim is not paid or the policy is amended or cancelled.
- I will immediately inform Legal & General if there are any changes to any answers given on the questionnaire before the policy starts.

Signature

Date (DDMMYYYY)

Contact us



legalandgeneral.com

Legal & General Assurance Society Limited

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Registered office: One Coleman Street, London EC2R 5AA

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