

AVIATION QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

Exact occupation

1. Number of hours flown as pilot, aircrew or passenger:

	Hours flown in last 12 months	Estimated hours in next 12 months	Total hours flown to date
a) Scheduled airlines			
b) Non-Scheduled airlines			
c) Other commercial flying			
d) Private flying			
e) Helicopters			
f) Gliders			
g) Any other (give details)			

For those flying as passengers please also indicate type of licence held by the pilot of the plane.

2. Flying as pilot or other aircrew

a) In what capacity do you fly? (e.g. pilot, navigator)?

b) What type of licence do you hold or intend to apply for?

c) When was your licence last renewed?

d) Have you ever been grounded or had your licence revoked?

Yes No If Yes, please give details below.

e) Do you have any of the following ratings? (please tick)

Night Meteorological Condition Radio Telephony
 Instructor Assistant Instructor Instrument

f) Have you ever had a flying accident?

Yes No If Yes, please give details below.

g) If you fly commercially, please give details of your employer.

3. Details of Aircraft

a) In what type of aircraft do you fly? State the number of engines and hours flown per annum in each type.

b) Who maintains the aircraft in which you fly?

c) From which base(s) do you operate?

4. Uses of Aircraft

a) For what purposes do you fly? (e.g. business, pleasure)?

b) Do you intend to use unlicensed or unrecognised airfields?

Yes No If Yes, please give details below.

c) Please give details of the areas in which you fly.

d) If you intend to engage in any of the following forms of flying, please state hours to be flown and give full details with specific reference to points mentioned

i) Experimental or test flying?

Yes No If Yes, please give details below.

ii) Competitions, races, records attempts, speed trials, aerobatics, stunts or exhibition flying?

Yes No If Yes, please give details below.

iii) Instruction (state whether club or commercial and whether ab initio or advanced training).

Yes No If Yes, please give details below.

iv) Crop spraying or dusting (state type of aircraft, usual height above ground and location).

Yes No If Yes, please give details below.

v) Any other forms of specialised flying (e.g. ballooning, parachuting, aerial photography or pipeline patrols).
For hang gliding or microlighting please complete a separate questionnaire.

Yes No If Yes, please give details below.

DATA PROTECTION ACT

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)

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