



AVIATION QUESTIONNAIRE

(To be filled by the Life To Be Assured)

Name of Life To Be Assured: _____ Proposal No.: _____

1. Do you fly commercially? Yes No
 If yes, please give details of employer & exact nature of duties _____
2. In what capacity do you fly?
 Flight attendant Crew member Pilot Student pilot
 Navigator Instructor Others (Pls. specify) _____
3. When & where did you train to fly?

4. Which types of aircrafts are you authorized to fly? Also specify the make & model no. of the aircraft that you fly currently.

5. What type of license do you hold? Student Private Commercial Airline transport pilot
6. When your license was last renewed? _____ Expiry date: _____
7. What is the total number of flying hours completed (i) till date _____ (ii) in the last year _____
8. How many hours do you intend to fly in the next year? _____
9. Do you participate or intend to participate in any of the following:
 Air racing Aerobatics Record attempts Test flying Crop dusting
 If yes, please give details _____
10. Have you flown or do you intend to fly any of the following:
 Prototype Rotorcraft Hang Glider Balloon Any other (pls. specify) _____
11. Have you ever failed an Aviation Medical Examination? Yes No
 If yes, please give details _____
12. Have you flown or do you intend to fly out of the country? Yes No
 If yes, please give details of distance & destination _____
13. Have you had any flying accidents? Yes No
 If yes, please give details _____
14. Have you ever been grounded or your license revoked? Yes No
 If yes, please give details _____

Declaration by the Life To Be Assured:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance with Canara HSBC Oriental Bank Of Commerce Life Insurance Company Ltd and that failure to disclose any material fact known to me may invalidate the contract.

Date & Place:

Signature of Life to be Assured

Declaration in case Life To Be Assured signs in Vernacular / Uses Thumb Impression:

I have read out and fully explained the contents of the questionnaire and he/she has understood the same. I have truthfully recorded the replies given by the Life to be Assured and that the Life to be Assured has affixed the signatures/thumb impression above after fully understanding the contents thereof.

Date & Place:

Name and Signature of Declarant