

## Aviation questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

**1** What type of licence and ratings do you hold?


**2** If you are a commercial airline pilot or crew member, please give the name of your employer


**3** Are you a member of an aviation club or organisation?

Yes, please give details

No


**4** What type of flying do you do? ( charter, private, commercial, aero club, helicopter, ultra light etc)


**5** What type(s) of aircraft do you presently fly and are you likely to fly in the future?


Continued overleaf

**6** Are you involved or likely to be involved in any of the following:

Competitions including aerobatics or stunt flying:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experimental, prototype or test flying:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crop dusting, cattle mustering:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		

**7** Do you always use authorised airfields?  Yes  No

**8** Do you contemplate any change in your flying activities?  Yes, please give details  No

**9** Have you ever been grounded, had your licence revoked or restricted?  Yes, please give details  No

**10** Have you ever had an accident or an injury as a pilot?  Yes, please give details  No

**11** What is your total number of flying hours?

As crew	As passenger
To date:	To date:
Past year:	Past year:
Next 12 months:	Next 12 months:

**12** Do you intend to change the scope of your present licence?  Yes, please give details  No

## Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not been any change in my health, occupation or pastimes since completing my application for insurance. Any changes in my personal circumstances are disclosed below.

Name of life insured:

Date:

Signature:

**Macquarie Life**

-  **Admin/Underwriting Freecall** 1800 005 057  
**Sales Freecall** 1800 451 769
-  **Fax Gateway** 1800 812 175
-  **Mail** GPO Box 5216 Brisbane QLD 4001
-  **Email** insurance@macquarie.com

