



# Aviation/Ultralight Ballooning/Hang Gliding Questionnaire

(to be completed by the Insured)

**Policy Number:**

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

**1** Check your flying experience here and complete the corresponding section below:

Private   Personal   Commercial   Student   Military   **INDICATE HOURS IN APPROPRIATE BLOCK**

TYPES OF AIRCRAFT	HELICOPTER	GLIDER	ULTRA LIGHT	ASSEMBLED AIRCRAFT (KIT)	BALLOONING	HANG GLIDING	SINGLE ENGINE	JET DRIVEN	MULTI ENGINE
a) flown past 12 months									
b) to be flown next 12 months									
c) average height	N/A						N/A	N/A	N/A
d) average distance	N/A						N/A	N/A	N/A
e) average duration	N/A						N/A	N/A	N/A
f) total hours flown									
g) date of last flight									

Were any of the above home built or built from a kit? If **“Yes”**, please provide details in the Remarks section. . . . . Yes   No

**2** Type of certificate or license held: \_\_\_\_\_ When were you first licensed? \_\_\_\_\_  
(DD/MM/YYYY)

**3** a) Do you have a valid license?    Yes   No  
b) If no longer valid, provide date of expiry: \_\_\_\_\_  
(DD/MM/YYYY)

**4** License endorsements:    Land   Sea   Multi Engine   Helicopter   Glider   Night Flying  
Valid flight instructor rating    Valid instrument rating    DOT

**5** a) If flying activity has ended: When? \_\_\_\_\_ Why? \_\_\_\_\_  
(DD/MM/YYYY)  
b) Do you intend to start again? . . . . . Yes   No

**6** If the insurance applied for requires an extra premium or a restriction of protection because of aviation, which do you request?

**EXTRA PREMIUM    EXCLUSION FOR FLYING**

**INDICATE ALL TYPES OF FLYING DONE AND ANTICIPATED BY SHOWING NUMBER OF HOURS FOR EACH TYPE IN APPROPRIATE BLOCK**

TYPE OF FLYING	TYPE OF PILOT	AS A PILOT, STUDENT PILOT, OR OTHER AIRCREW		
		LAST 12 MONTHS	NEXT 12 MONTHS	LAST FLIGHT DATE
Commercial	Scheduled passenger airline			
	Non-scheduled passenger & freight			
	Flight instruction			
	Company-owned planes for business travels			
	Testing – experimental, prototype or unapproved models			
	Crop – dusting or aerial spraying			
	Firefighting			
	Sightseeing/photography/advertising			
	Pipeline inspection or mapping			
	Other (give details in the Remarks section)			

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**7** Military – includes Maritime Command, Air Transport Command, Reserves and Reserve Officer Training Corps (ROTC)  
Rank: \_\_\_\_\_ Duties: \_\_\_\_\_  
Type of Aircraft: \_\_\_\_\_

**8** Over what geographical areas are most flights made? \_\_\_\_\_

**9** Do you fly outside of North America other than scheduled commercial airline?  
If “Yes,” please provide details in the Remarks section. . . . . Yes No

**10** Have you ever had an accident, been grounded or had your license suspended?  
If “Yes,” please provide details in the Remarks section. . . . . Yes No

**11** Do you take part in exhibitions or competitions? If “Yes,” please provide details in the Remarks section. . . . . Yes No

**12** Have you engaged in or do you intend to participate in any type of flying, ballooning, hang gliding not already indicated? (e.g. record attempts, experimental equipment, over large bodies of water, outside North America)? . . . Yes No  
If “Yes,” please provide in the Remarks section.

**13** Remarks: **DETAILS TO QUESTIONS. PLEASE SPECIFY QUESTION NUMBER AND DATES WHERE APPLICABLE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_ (DD/MM/YYYY)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness



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