

## APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAY MONTH YEAR

## AVIATION DETAILS

1. Are you a  pilot  student pilot  crew member?

2. As a pilot, student pilot or a crew member, please indicate:

(a) the total number of hours flown: \_\_\_\_\_ hours (b) date of last flight: \_\_\_\_\_

(c) type of license currently held:  Student  Private  Commercial  Senior Commercial  ATR  N/A

(d) do you hold a valid instrument rating?  YES  NO

3. Schedule of flying time as a Pilot or Copilot or a Crew Member:

Purpose/capacity	Hours flown last 12 months	Hours flown last 13-24 months	Estimated next 12 months
Student			
Pleasure			
Business			
Airline Planes			
Military			
Other:			

4. Indicate category, class and type of aircraft flown:

(a) Is the aircraft  prototype  experimental  personally build or assembled?

If YES, please provide details: \_\_\_\_\_

(b) Have you flown or intend to fly  rotocraft  balloon  glider?

If YES, please provide details: \_\_\_\_\_

5. Do you engage or expect to engage in:

<input type="checkbox"/> student instruction	<input type="checkbox"/> charter flying	<input type="checkbox"/> freight carrying
<input type="checkbox"/> sightseeing	<input type="checkbox"/> commercial photography	<input type="checkbox"/> crop dusting
<input type="checkbox"/> emergency services	<input type="checkbox"/> prospecting	<input type="checkbox"/> testing or inspection flying
<input type="checkbox"/> racing or stunting	<input type="checkbox"/> seeding	<input type="checkbox"/> bush flying or exploration
<input type="checkbox"/> water bombing	<input type="checkbox"/> spraying	<input type="checkbox"/> other:

If YES, please provide details: \_\_\_\_\_

6. Have you ever been involved in a flying accident or had your license restricted or suspended for any reason?  YES  NO

If YES, please provide details: \_\_\_\_\_

7. If aviation requires an extra premium or exclusion rider, which would you prefer?  Extra premium  Exclusion rider



# AVIATION QUESTIONNAIRE

## AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

## SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INSURED

### PLEASE RETURN FORM TO:

**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8  
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com**