

## Questionnaire - Aviation

### Details

Name

Policy Number

### Important information for customers

**Before completing this questionnaire it is important that you read this statement, as you will be required to sign a declaration stating that you understand and agree to the following:**

You are aware that you have a legal duty to answer all questions asked in relation to this questionnaire honestly and with reasonable care. Failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover.

It could also result in a claim being declined or the amount payable in respect of a claim being reduced. It is vital that you answer all questions fully as Zurich Life will not necessarily obtain any medical reports from your doctor in respect of the answers given in this form.

Zurich Life may accept or provide terms based on your answers alone.

The information requested below is to enable Zurich Life make a decision in some instances without having to request a report from your General Practitioner (GP). If some of the answers are unknown to you please try to obtain this information from your GP.

If you are in doubt about this declaration please refer to your Financial Adviser or Zurich Life.

#### **Changes to answers arising after completion of Application Form:**

You agree to notify Zurich Life if there are any changes in my answers to the questions in the application form or this questionnaire between the date of completion of these forms and the date that the policy is issued.

## Aviation

1. Have you ever flown as a pilot? Yes No

If yes, please answer the following (Note if you fly as a glider pilot, you need not answer questions (a), (b) or (c) below)

(a) When and where did you learn to fly?

(b) What type of licence do you hold? Please state number and date of last renewal.  
(e.g. student's pilots, private pilots or any other

(c) Approximate number of flying hours as a pilot (not counting flight accompanied by instructor)

(i) Total to date

(ii) In last twelve months

(iii) Estimate of total expected number per annum in future

(iv) Is the aircraft you fly rotary or fixed wing

(v) If you fly both rotary and fixed please confirm percentage flying time in each

2. Are you likely to engage in private club flying? If yes, please state Yes No

(a) Expected flying hours per annum as pilot or pupil pilot

(b) Expected flying hours per annum as a passenger

3. Are you like to fly in privately owned aircraft? If yes, please state Yes No

(a) Expected flying hour per annum in privately owned aircraft

(i) As pilot

(ii) As passenger

(b) Expected flying hours per annum in aircraft belonging to a business firm

(i) As pilot

(ii) As passenger

(c) The nature of the business carried by the firm in (b)

(d) The geographical limits within which flying under (a) and (b) is expected to take place

4. Are you likely to fly as an instructor? If yes, please state Yes No

(a) Expected flying hours per annum?

(b) Nature of instruction e.g. club or commercial flying, beginners or advanced training

5. Do you engage in flying as a member of the Irish Air Corps, H.M. forces or reserves? Yes No

If yes, please state

(i) The exact branch of the service or reserve

(ii) Your rank

(iii) The nature and extent of the flying expected

6. Has any proposal for life or personal accident insurance against flying risks ever been declined or accepted with any special condition or extra rate of premium? Yes No

If yes, please state the name of the assurance company and the date of the proposal.

### Declaration

I declare that I have answered the above questions honestly and with reasonable care (including any statements written down for me).

I have read and understand the important information for customers at the top of this form I agree that failure to answer questions honestly and with reasonable care could result in Zurich life rejecting all or part of any claim that may arise.

I agree that this declaration shall be incorporated with and form part of the original application form.



**Life  
insured:**

Please sign and date.

Signature of the Life insured

X

Date

#### Zurich Life Assurance plc

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Zurich Life Assurance plc is regulated by the Central Bank of Ireland.