

BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC

AVIATION QUESTIONNAIRE

NAME OF PROPOSED INSURED _____ BIRTHDATE: ____/____/____

Check your flying experience here and complete corresponding section(s) below:

Private _____ Commercial _____ Military _____

1. Private (Not flying for pay) (a) Type of certificate or license now held _____ (b) Is certificate or license now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Date first licensed: _____ Month _____ Year _____ (d) Total solo hours flown as a pilot in command _____ hrs.	List pilot plus co-pilot hours below: (if none, insert nil) <table border="1"><thead><tr><th>Type of flying</th><th>12-24 Months Ago</th><th>Last 12 Months</th><th>Next 12 Months</th><th colspan="3">Date of Last Flight</th></tr><tr><th></th><th></th><th></th><th></th><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td>Pleasure</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Personal Business</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Student</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Type of flying	12-24 Months Ago	Last 12 Months	Next 12 Months	Date of Last Flight							Month	Day	Year	Pleasure							Personal Business							Student																				
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Commercial (Flying for pay) (a) Type of certificate or license now held _____ (i) Is certificate or license now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is it endorsed? (If "Yes" explain) <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Date of last renewal _____ Month _____ Year _____ (iv) What year were you first licensed? _____ (b) What is your experience as: (i) Pilot in command _____ hrs. (ii) Second (co-pilot) _____ hrs.	List pilot hours below: (if none, insert nil) <table border="1"><thead><tr><th>Type of flying</th><th>12-24 Months Ago</th><th>Last 12 Months</th><th>Next 12 Months</th><th colspan="3">Date of Last Flight</th></tr><tr><th></th><th></th><th></th><th></th><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td>Scheduled Passenger Airline</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Non-scheduled Passenger & Flight</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Flight Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Testing Aircraft</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Other (Describe)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Type of flying	12-24 Months Ago	Last 12 Months	Next 12 Months	Date of Last Flight							Month	Day	Year	Scheduled Passenger Airline							Non-scheduled Passenger & Flight							Flight Instructor							Testing Aircraft							Other (Describe)						
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The following questions apply to all flying experience.

2. Have you: (If "Yes" explain below)

- (a) been involved in an aircraft incident or accident or violation of regulations? ☐ Yes ☐ No
(b) ever engaged or do you anticipate engaging in any type of flying not indicated? ☐ Yes ☐ No

3. Do you:

- (a) have an instrument flight rating? ☐ Yes ☐ No
(b) always use public airports? ☐ Yes ☐ No
(c) ever take off or land on water? (If "Yes" how often) ☐ Yes ☐ No
(d) fly outside Canada or the U.S.A.? (If "Yes" please indicate where) ☐ Yes ☐ No
(e) what countries do you fly to? _____

4. What type of aircraft do you fly? ☐ Single-engine ☐ Multi-engine ☐ Helicopter ☐ Glider ☐ Other

Describe type of aircraft _____

5. When was your last bi-annual flight check? _____

6. If the insurance applied for requires an extra premium or a restriction of protection because of aviation, which do you request? ☐ Extra premium ☐ Restriction for flying

Note: The Accidental Death Benefit (if included) contains an express limitation with respect to this restriction which cannot be removed under any circumstances.

Additional Information (Explanations and details to "Yes" answers above)

To the best of my knowledge and belief, all statements and answers represented are full, complete and true. This form becomes part of the application for insurance on my life.

Dated at _____ this _____ day of _____, 20 _____

Witness

Proposed insured