



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226  
Tel. No. 8812-9015 \* Fax No. 8812-9039

## AVIATION QUESTIONNAIRE

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SIDE I

#### HOURS AS PILOT, CO-PILOT, CREW MEMBER OR PASSENGERS WITH ABOARD

#### A. FLYING TIME

		Next 12 Months	Past 12 Months	1-2 Years Ago
1.  <b>FLYING FOR PAY</b>	Scheduled passenger airline			
	Employer owned aircraft for employees travel			
	Other freight or passenger service			
	Crop dusting or aerial spraying			
	Student instruction			
	Other (describe below)			
  <b>NOT FLYING FOR PAY</b>	Pleasure			
	Personal business transportation			
	Instruction as a student			
	Other (describe below)			

2. Total number of solo hours flown as a pilot \_\_\_\_\_ 3. Date of last flight \_\_\_\_\_

#### B. LICENSES AND CERTIFICATES

1. What type of certificate do you know have? • Student - Date obtained \_\_\_\_\_

• Private • Commercial • ATR • Other \_\_\_\_\_ 2. Do you have an instrument flight training (IFR)? • Yes • No

3. How many hours of instrument flight time have you logged in the past 12 months? \_\_\_\_\_

4. What other ratings do you have? \_\_\_\_\_

#### C. FLYING DETAILS

1. In what types of aircraft do you fly? Give make & model \_\_\_\_\_

2. Have you flown or do you intend to fly a balloon, sailplane, prototype, experimental, or personality built or assembled aircraft?

Yes: Describe below. No.

3. How much of your flying time is with a qualified co-pilot? \_\_\_\_\_ %

4. If not a pilot, specify the capacity in which you fly (e.g., passenger, photographer, other). Describe \_\_\_\_\_

5. Have you ever had an aircraft accident, or been grounded, fined, or reprimanded for violation of air regulation?

Yes: Describe below. No

6. Do you always use public airports? • Yes • No

7. Have you flown or do you intend to fly outside the Philippines? • Yes • No

If "yes", where? \_\_\_\_\_ How often? \_\_\_\_\_

#### D. ADDITIONAL DETAILS

I represent, to the best of my knowledge and belief, that all the above statements and answers are complete and true. I agree that the will form a part of my application and become a part of any contract of insurance issued as a result of that application.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Witness

UNDG-021-0701-3

Signature of Proposed Insured