



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. FLYING FOR PAY	Scheduled passenger airline			
	Employer owned aircraft for employees travel			
	Other freight or passenger service			
	Crop dusting or aerial spraying			
	Student instruction			
	Other (describe below)			
NOT FLYING FOR PAY	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

Signature of Proposed Insured