

Aviation Supplementary Statement

This questionnaire should be completed by the person to be assured.

Full name:

Proposal No.:

Date of birth:

Please answer each question and where appropriate provide particulars.

1. What type of licence do you hold?

2. If you are a commercial airline pilot or crew member, please give the name of your employer:

3. If you fly a privately owned or chartered aircraft/helicopter, please indicate the average number of hours flown:

| Crew/Passenger | To date |
|--|-----------------------|
| Past year | Anticipated next year |
| a) Private or club flying for pleasure | |
| b) Private flying for business | |
| c) Private flying for other purposes, please specify (e.g. agricultural) | |

4. What type(s) of aircraft do you presently fly and are you likely to fly in the future?

5. Please indicate what routes or areas you fly over:

6. Are you involved or likely to be involved in any of the following types of flying:

a) Experimental or test flying (indicate whether for routine airworthiness or prototype testing)?

b) Competitions, record attempts, aerobatics, stunts or exhibitions?

c) Instruction (indicate whether club or commercial, ab initio or advanced)?

7. If you are engaged, or are likely to be engaged, in flying as a member of the armed forces, please state

a) the branch of the armed forces you are serving in:

b) your rank:

c) the capacity in which you fly or expect to fly (e.g. pilot or other aircrew):

d) the nature and extent (i.e. number of hours per annum) of your flying or expected flying:

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Signature of the person to be assured

Place

N7203

Date