

AVIATION QUESTIONNAIRE

(To be completed by the life insured)

IMPORTANT NOTES:

This questionnaire is completed as part of the application to Hollard Life for life insurance. The questions refer to the aviation activities of the life insured.

Please answer all questions accurately and completely. We need detailed information to be able to provide you with comprehensive and cost-effective life insurance.

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

2. Licences and ratings

2.1 Aviation licences currently held (use a separate sheet if necessary)

Licence (e.g. student, commercial)	Category (e.g. airplane)	Year of issue	Ratings and year of issue (e.g. instrument (1985), multi-engine (1999))	Licence number

2.2 Date of most recent renewal

D	D	M	M	Y	Y	Y	Y
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2.3 Date of most recent medical examination

D	D	M	M	Y	Y	Y	Y
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2.4 Name and address of medical attendant who performed aviation medicals _____

2.5 Are there any restrictions or special conditions applicable to any of your licences? YES NO

If YES, supply details _____

2.6 Have you ever been required to undergo any special medical examination or investigation? YES NO

If YES, supply details _____

2.7 Have you ever failed a flight test or been required to redo the test? YES NO

If YES, supply details _____

2.8 Has any aviation licence issued to you ever been suspended or withdrawn? YES NO

If YES, supply details _____

2.9 Have you ever been required by any aviation authority to undertake special training? YES NO

If YES, supply details _____

2.10 Have you ever been involved as pilot or co-pilot in an aviation accident? YES NO

If YES, supply details _____

2.11 Do you expect to obtain any new licences or ratings or add any aircraft onto your licence in the next 12 months? YES NO

If YES, supply details _____

Initials

3. Nature of flying

Please complete all sections if relevant – some pilots may need to complete all sections.

3.1 If flying is your **full-time occupation**:

- a. Employer's name _____
- b. Nature of flying _____
- c. Duties _____
- d. How long have you been employed by your current employer? Months _____ Years _____

3.2 If you fly **part-time for remuneration**:

- a. Do you fly as part of your usual occupation or on a freelance basis? _____
- b. What is the nature of your flying? _____

3.3 If you fly for **personal or business reasons but not for remuneration**:

- a. What is the nature of your flying? _____

3.4 Do you fly on behalf of any **military or police units**? YES NO

If YES, supply details _____

3.5 Do you fly on behalf of any **United Nations agency, the Red Cross or any other international aid agency**? YES NO

If YES, supply details _____

3.6 Do you ever use **unlicensed airfields**? YES NO

If YES, supply details _____

3.7 Is any of your flying, other than on scheduled airlines, undertaken outside of the borders of South Africa? YES NO

If YES, supply details _____

3.8 Have you ever participated or do you intend to participate in the following forms of aviation?

- a. Aerobatics or stunt flying; if yes, complete the aerobatics questionnaire YES NO
- b. Agricultural or fire fighting YES NO
- If YES, supply details _____
- c. Trans-oceanic ferry flights YES NO
- d. Experimental or home-built aircraft YES NO
- e. Micro-light, ultra-light or gyro-copters YES NO
- f. Off-shore helicopter operations YES NO

3.9 Do you expect the nature of your flying over the next 12 months to differ from that over the last 12 months? YES NO

If YES, please supply details _____

Initials



4. Flying hours

4.1 Total hours logged

	Fixed-wing aircraft		Rotor-wing aircraft	
	Pilot-in-command	Dual/co-pilot	Pilot-in-command	Dual/co-pilot
Single-engine piston				
Multi-engine piston				
Turboprop/shaft				
(cont.)	Fixed-wing aircraft		Rotor-wing aircraft	
	Pilot-in-command	Dual/co-pilot	Pilot-in-command	Dual/co-pilot
Turbojet				
Ultralights, etc.				
Gliders				
Others (please state)				
TOTAL HOURS				

Note: Use separate sheet if necessary

- 4.2 Please show separately all aircraft that will be flown for more than 10 hours or 5% of your total expected time in the next 12 months. If you fly multiple types for a single purpose (e.g. for instruction), each of which does not account for 10 hours or 5%, please show these collectively (e.g. C210/C182/C172). (Use additional sheet if necessary.)

Aircraft type	Total hours on type	Hours in last 12 months	Hours in next 12 months	Nature of flights*
ALL AIRCRAFT				N/A

* Airline/charter/business/personal/instruction/agricultural/firefighting/game work/aerobatics/geographical survey or photography/test or experimental flying/military

- 4.3 In the last 12 months, have you undertaken any recurrent training (i.e. aimed at maintaining or enhancing your skills)? YES NO

If YES, state _____

- a. Institution(s) providing such training _____
- b. Number of hours, training over the last 12 months _____
- c. Expected hours of training over the next 12 months _____

Initials

5. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

Please take note of the following important disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identify (and in many cases the identities of related persons, such as but not limited to directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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