

# Aviation

## Questionnaire



Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Please give a full and complete answer to each of the following questions continuing your answer on a separate sheet of paper if there is insufficient space.

Please note that failure to disclose the full facts may cause the assurance to be declared void.

**Company**

**File number**

### Life to be assured

Name in full

Date of birth         Occupation

Details of policy: i. Class (or type)

ii. Term  years

iii. Sum insured

### Flying experience

Have you ever flown as a pilot?  Yes  No

If Yes, please state

a. When you learnt to fly

b. Type(s) of licence held

c. Whether you have ever had your licence revoked or been grounded  Yes  No

If Yes, please give details

d. Number of flying hours as pilot:

i. to date

ii. in last 12 months

iii. total expected per annum in future

### Previous insurance history

Has any proposal for life insurance or personal accident insurance against flying risks ever been declined or accepted with special conditions or extra rate of premium?  Yes  No

If Yes, please state:

a. Name of the company or underwriter (to whom reference may be made)

b. Date of the proposal

### Future flying intentions

#### 1. Passenger flying

Do you intend flying as a passenger other than on a recognized air service?  Yes  No

If Yes, please state:

a. Expected hours p.a.

b. Aircraft likely to be used  (e.g. charter, airtaxi, business aircraft, service aircraft, etc.)

**2. Flying as commercial or executive aircrew**

Do you intend flying as commercial or executive aircrew?  Yes  No

If Yes, please state:

- a. Expected hours p.a. as
  - i. Pilot
  - ii. Other aircrew
- b. Precise capacity in which you fly  (e.g. pilot, navigator, cabin staff etc.)
- c. Name of employer/operator of aircraft
- d. Who maintains the aircraft (if different from c.)
- e. Nature of flights  (e.g. scheduled, charter, airtaxi, crop spraying etc.)
- f. Type of aircraft
- g. Geographical limits
- h. Whether flight will be between licensed airfields

**3. Private flying (Other than flying included in 1,2 or 6)**

Do you intend flying in club or privately owned aircraft?  Yes  No

If Yes, please state:

- a. Expected flying hours p.a.

	As pilot	As passenger
i. for pleasure or recreation	<input type="text"/>	<input type="text"/>
ii. for business purposes	<input type="text"/>	<input type="text"/>
iii. as civilian flying instructor	<input type="text"/>	<input type="text"/>
- b. Geographical limits
- c. Whether flights will be between recognized airfields (if not give details)
- d. Type of aircraft flown
- e. Operator of aircraft
- f. Who maintains the aircraft
- g. Nature of any flying instruction you give  (e.g. club or commercial flying, "ab initio" or advanced training)
- h. Full details of any local, national or international air competitions, formulas are racing, airobatcs etc., you are likely to engage in
- i. Whether you will engage in any low-level flying (e.g. crop spraying, aerial surveying etc.)

**4. Flying as a civilian test pilot or technical observer**

Do you intend flying as a civilian test pilot or technical observer?  Yes  No

If Yes, please state:

- a. Expected hours p.a. as
  - i. a test pilot
  - ii. a technical observer
- b. Precise nature of flights (give details)
- c. Name of employer
- d. Nature of aircraft (i.e. type and whether prototype, new, reconditioned, etc.)

**5. Service flying**

Do you intend flying as a member of Air Forces or Reserves?  Yes  No

If Yes, please state:

- a. Exact branch of the services involved
- b. What rank you hold
- c. Nature of flying involved
- d. Approximate number of flying hours p.a.

**6. Gliding**

Do you intend participating in gliding?  Yes  No

If Yes, please state:

- a. Expected flying hours p.a. in
  - i. unpowered gliders
  - ii. self-launching gliders
- b. Geographical limits
- c. Full details of any competitions you are likely to engage

**7. Other flying**

Do you intend participating in any form of flying not included elsewhere on this form?  Yes  No

If Yes, please state:

- a. Exact nature of flying involved
- b. Expected flying hours p.a.

**Declaration:**

I hereby declare that the above statements are true and complete and agree that this questionnaire, together with the proposal dated \_\_\_\_\_, shall form the basis of the contract between myself and the company.

(In own handwriting)

Name of the Applicant

X Signature

Signature of Applicant

Date

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.  
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