



Life Insurance Corporation of India
(Established by the Life Insurance Corporation Act, 1956)

AVIATION (CIVIL) QUESTIONNAIRE

Proposal No. _____

Name of the Life to be Assured _____
(In Block Letters)

| | | |
|----|--|------------------|
| 1. | Please state whether you fly as | |
| a. | Commercial pilot | |
| | ▪ Scheduled airline passenger flying | |
| | ▪ Flight instructor | |
| | ▪ Non-scheduled passenger flying | |
| | ▪ Fright carrying services | |
| | ▪ Charter and sight seeing flying | |
| | ▪ Aerial photography | |
| | ▪ Business flying in company owned planes | |
| | ▪ Crop dusting | |
| | ▪ Flying for testing prototype models | |
| | ▪ Flying for checking flights of repaired and new-not prototype -planes | |
| | ▪ Any other purpose | |
| b. | Non-commercial pilot-pleasure, business, instructor, etc | |
| c. | Student pilot | |
| d. | Members of crew of aircraft and other persons flying in a capacity involving duties aboard an aircraft while in flight (other than pilots) | |
| e. | Members of Ground staff | |
| f. | Passengers flying in aircraft other than schedule airline planes | |
| 2. | Whether you expect your future flying to differ from that done on the past. If so, give details | |
| 3. | Particulars of the extent of flying done in the capacity shown under (1) above in the past and expected to be done in the next twelve months | |
| | Period | In what capacity |
| | No of hours | |
| | Current calendar year of date | |
| | last full calendar year Previous | |
| | to last full calendar year | |
| | All Calendar years to date | |
| | Estimated for next 12 months | |
| 4. | The type of aircraft | |

| | | |
|-----|---|--|
| 5. | Who owns the aircraft and does the owner hold an Air Operator's Certificate. | |
| 6. | Nature of arrangement for the maintenance and periodical overhaul of the aircraft | |
| 7. | Whether the aircrafts are flown only between Government and Public aerodromes if not, give full details | |
| 8. | Question to be answered if you are a pilot | |
| a. | What Type of licence do you hold? | |
| b. | Which Type of aircraft are you authorised to fly? | |
| c. | When did you learn to fly? | |
| d. | Have you been involved in any flying Accidents? If yes please give full details. | |
| e. | Have you ever had your licence revoked or been grounded? If yes, give full details. | |
| f. | Do You intend to participate in air competitions of any kind, formula air racing, exhibitions, acrobatics or stunt flying | |
| g. | Do you intend to undertake any low-level or specialised Flying or maneuvering | |
| 9. | Questions to be answered by Test Pilots | |
| a. | The name of the flying Club or school where you are receiving training | |
| b. | The flying certificate or licence for which you are undergoing training | |
| c. | Whether you hold any flying certificate or licence? | |
| d. | Whether you intend to qualify as a commercial pilot? | |
| 10. | Questions to be answered by crew members | |
| a. | Exact nature of duties on board the aircraft | |
| b. | Whether you intend to undergo training as a pilot? | |
| 11. | Questions to be answered by Ground staff | |
| a. | Exact nature of duties | |
| b. | Are you required to fly in a capacity involving duties aboard an aircraft while in flight? | |
| c. | Are you required to fly as a passenger? | |
| d. | Whether you intend to undergo training as a pilot or member of air crew? If so, please give details | |
| 12. | Questions to be answered by passengers flying in aircraft other than scheduled airline planes | |
| a. | Are you a member of an Aeroplane Club? | |
| b. | Name of the Club? | |
| c. | Whether the non-schedule flying done by you is done entirely in aircraft owned by the Club? | |
| d. | Whether you intend to take training as pilot? | |

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 200

Signature of Witness _____

Occupation _____

Address _____

Signature of the life to be assured

In case the Proposer is illiterate:

This declaration should be made by the person filling in the form.

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the Proposer.

Address of the Declarant

Signature

2. The thumb impression of the proposer should be attested by a person of standing whose – identity can be easily establish, but unconnected with the corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer _____(language) and that I have read out to the proposer the answers to the question dictated by the proposer and that the proposer has affixed his impression to this form after fully understanding the thereof.

Address of the Declarant

Signature