

Identification

Policy number:

Name of person to be insured:

First Name of person to be insured:

Date of birth: / /
year / month / day

Section Aviation

1. Have you ever flown as a pilot or student pilot, or do you intend to do so? Yes No

If yes:

a) Number of hours flying solo: _____

b) Type of aircraft _____

c) Date of last flight: / /
year / month / day

2. Indicate in the following table, type of flying and number of hours:

Type of flying	In the last 12 months (hours)	In the last 12 to 24 months (hours)	In the next 12 months (hours)
<input type="checkbox"/> Commercial flight	_____	_____	_____
<input type="checkbox"/> Non-scheduled air carrier	_____	_____	_____
<input type="checkbox"/> Plane owned by the employer; Equipement and maintenance comparable to that of airlines	_____	_____	_____
<input type="checkbox"/> Chartered Flight, passenger or freight	_____	_____	_____
<input type="checkbox"/> Spraying crops or tanker	_____	_____	_____
<input type="checkbox"/> Aerial mapping or pipeline inspection	_____	_____	_____
<input type="checkbox"/> Advertising or commercial photography	_____	_____	_____



Aviation (...continued)

Type of flying	In the last 12 months (hours)	In the last 12 to 24 months (hours)	In the next 12 months (hours)
<input type="checkbox"/> Flight school training	_____	_____	_____
<input type="checkbox"/> Private pilote	_____	_____	_____
<input type="checkbox"/> Military plane (please specify: ex. command, etc.)	_____	_____	_____
<input type="checkbox"/> Remote region (bush)	_____	_____	_____
<input type="checkbox"/> Test flights (please specify the type of aircraft)	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____

3. What type of pilot's license do you hold and when was your licence issued?

IFR VFR _____

Date of licence issued: / /
year / month / day

4. If you are not a pilot, what are your duties on aircraft: _____

5. Have you ever had an accident, been forbidden to fly or fined because of a violation?

Yes No If yes, please specify: _____

6. Are you planning any changes in your flying activities? Yes No

If yes, please specify: _____

7. If you cannot meet the standards of full coverage at standard rates, would you prefer:

- Be covered for aviation risk with extra premium, if we can offer this to you?
- Not be covered for aviation risk?

Aviation (...continued)

I, the undersigned, declare that the answers given are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____

Date:

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year / month / day

Signature of witness: _____

Signature of person to be insured: _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6