

Aviation Questionnaire

Title Surname

Given name(s)

Date of birth

1 Do you hold an aviation licence?
 No
 Yes Type of licence and period of time held

2 Do you intend to change the scope of your licence, or engage in any other form of aviation other than as shown below?
 No
 Yes Please provide details

3 Please complete number of flying hours in the following table.

	Last year		Future average	
	Crew	Passenger	Crew	Passenger
Commercial Airline				
Charter				
Private				
Aero Club / Flying School				
Agriculture				
Ultralight				
Helicopter				

DECLARATION

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

Signature Date

Please return this completed form to:
Smartsave
 PO Box 1282
 Albury
 NSW 2640