

American Life Insurance Company
Narayani Complex, Pulchowk,
P.O.Box : 11590, Kathmandu, Nepal,
Tel. : 5-555166, Fax : 5-555173

Aviation (Civil) Questionnaire - Applicant

Full Name:
Occupation:

- 1. Have you ever flown as a pilot? **YES / NO**
If **YES**:
 - a. What types of license do you hold?
 - b. Which types of aircraft are you authorized to fly?
 - c. When did you learn to fly?
 - d. How many hours flying as a pilot have you completed:
To Date?
In the last 12 months?
 - e. Have you been involved in any flying accidents? **YES / NO**
If **YES**, please provide details:
 - f. Have you ever had license revoked or been grounded? **YES / NO**
If **YES**, please provide details:
- 2. Please provide details of the nature of your intended flying, including:
 - a. The type of aircraft (make, model name and number).....
 - b. Number of hours as a pilot.....
 - c. Number of hours as a passenger.....
 - d. Purpose *e.g. pleasure, business, air taxi, as instructor*.....
 - e. Who owns the aircraft and does the owner hold as Air Operator's Certificate?
 - f. Who maintains the aircraft?
 - g. Where do you intend to fly? *i.e. starting points and destinations*.....
 - h. Will flights be between licensed airfields? **YES / NO**
If **NO**, please give details.....
 - i. Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying? **YES / NO**
If **YES**, please give details.....
 - j. Do you intend to undertake any low level or specialized flying or maneuvering? **YES / NO**
e.g. crop spraying, inspection
If **YES**, please give details.....
 - k. Do you intend to fly as a test pilot? **YES / NO**
If **YES**, please state:
Name of your employer.....
Whether the aircraft are prototypes, new, reconditioned, etc.....

I declare that the answers I have given are to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Applicant

Date