

Aviation questionnaire



Policy no.

Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Advisor's first name	Middle initial	Last name	Advisor's no.

1. a) Do you fly as a pilot or navigator? Yes No
 b) Do you fly as a passenger? Yes No
 If you only answered 'yes' to b), you may go to question 9.

2. What types of pilot's licences do you currently hold and do you have your instrument rating or Airline Transport Licence?

3. Issue dates of all licences:

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4. Do you own an aircraft? Yes No If 'yes', give details in the box below.

5. Do you fly from other than controlled airports? Yes No If 'yes', give details in the box below.

6. Have you ever had an aviation accident, been grounded, fined or warned for violation of air regulations? Yes No
 If 'yes', give details and dates in the box below.

7. Do you have any operational limitations on your DOT medical certificate? Yes No
 If 'yes', give details in the box below.

8. Do you fly into remote areas? Yes No If 'yes', specify areas in the box below.

Please submit only one copy of this document.
Career Sales Force advisors: Original or fax toll-free to 1-866-487-4745.
All others: Through your MGA or National Account.

Aviation questionnaire (continued)

Policy no.

9. Please provide flying details as requested in the chart below.

Type of flying	Specify aircraft if varied	Estimated flights			
		Number of engines	for next 12 months (in hours)	Last 12 months (in hours)	Last 12-24 months (in hours)
Scheduled airlines					
Nonscheduled air carriers					
Employer owned/corporate flying					
Crop dusting					
Water bombing/fire fighting					
Mapping					
Pipeline inspection					
Advertising					
Commercial					
Photography					
Instruction					
Homebuilt					
Private – pleasure					
Private – business					
Helicopter - student pilot					
Military					
Test/experimental/aerobatics					
Other – specify					

10. Briefly describe your flying duties if 'other', indicated in question 9, is not for pleasure flying.

11. Have you participated in or do you plan to participate in any type of flying not already mentioned above? Yes No
If 'yes', give details in the box below.

Declaration: I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured
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