Colonial Life Insurance Company (Trinidad) Limited
UNDERWRITING DEPARTMENT

AVIATION QUESTIONNAIRE
For Student and Private Pilots and Crew Members in General Aviation

Total of All Hours Flown as Pilot or Crew Member	**Total Hours Flown in Past 12 Months**	**Estimated Hours Flying in Next 12 Months**

2. PILOT CERTIFICATE currently held: [ ] Student [ ] Private [ ] Commercial [ ] Civilian Test Pilot or

[ ] Airline Transport Rating (ATR) [ ] Flight Instructor [ ] Instrument Flight Rating (IFR)

Have you ever been grounded or had your licence revoked? [ ] YES [ ] NO
(If "YES", give full details under "REMARKS")

3. MEDICAL CERTIFICATE currently held: [ ] 1 [ ] 11 [ ] 111 Date of last renewal _____
Was it denied by the Aviation Medical Examiner but eventually issued? [ ] YES [ ] NO
Was it necessary to appeal before Certificate was eventually issued? [ ] YES [ ] NO
Was Medical Certificate granted subject to limitation(s) or physical waiver(s)? [ ] YES [ ] NO
(If any of the above questions is answered "**YES**", please give full details and explain)

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4. Are you currently, have you within the past 12 months or do you contemplate future flying in Civil Air Patrol?_____

5. Do you contemplate a change from your present flying to commercial or military flying?
[ ] YES [ ] NO (If "YES", give full details under "Remarks")

6. **REMARKS** _____

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7. Should you not qualify for all coverage at standard rates, do you desire:
[ ] (a) Full coverage with extra premium if available?
[ ] (b) Restricted aviation coverage without extra premium if available?

I HEREBY DECLARE that all the statements and answers to the above questions are complete and true, and I agree that they shall form part of my application for insurance dated _____

Signed in my presence at _____ this _____ day of _____ **20____**

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Witness **Applicant's Signature**