



Allied Insurance Company

## Aviation Questionnaire Civil Aviation (For Student Pilots)

Name of the life to be assured:	Date of birth:	Proposal no.:
Address:		

**Particulars of the extent of flying done in the past and expected to be done in the next twelve months (not counting flights accompanied by Instructors)**

Period	Current year to date	Last full calendar year	Next last full calendar year	All years to date	Estimate for next 12 months
<b>Number of hours flown</b>					

The name of the Flying Club or School where you are receiving training:
The flying certificate or licence for which you are undergoing training:
Whether you intend to qualify as a commercial pilot?

It is hereby declared that the particulars given above are true and complete and together with the Life Assurance proposal dated  shall be the basis of the contract of assurance

Signature of Life to be assured:	Date:
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Name of the witness:	Occupation:
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Address:
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Signature of Witness:	Date:
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