

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please **PRINT** all answers.

In which of the following capacities do you fly?

- | | |
|---|--|
| <input type="checkbox"/> Armed services | <input type="checkbox"/> Construction work |
| <input type="checkbox"/> Commercial pilot (transport) | <input type="checkbox"/> Crop spraying |
| <input type="checkbox"/> Airline pilot | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Airline crew | <input type="checkbox"/> Police |
| <input type="checkbox"/> Helicopter pilot | <input type="checkbox"/> Test pilot |
| <input type="checkbox"/> Helicopter crew | <input type="checkbox"/> Private pilot |
| <input type="checkbox"/> Aerial photography | <input type="checkbox"/> Others, <i>please specify</i> |
| <input type="checkbox"/> Survey work | _____ |

1. What is your service and rank ? _____

2. What type of license do you hold? _____

Date of License _____ / _____ / _____

Class _____

Number _____

Latest Date of Renewal _____ / _____ / _____

3. Date of your last flight _____ / _____ / _____

4. Number of hours completed while flying as:

Type of Flight	No. of Flights	Average Number of Hours per Year	Hours Flown to Date
A. Pilot:			
Scheduled			
Non-Scheduled			
Instructing			
Test or Experimental			
B. Crew member other than pilot:			
Commercial aircraft			
Private aircraft			
C. Passenger while performing your duties:			
Commercial aircraft			
Private aircraft			

5. Types of aircraft you are authorized to fly:

6. When and where did you learn to fly?

7. Have you ever:

a) been involved in a flying accident? Yes No

If yes, please give details and dates.

(b) had your license revoked or been grounded? Yes No

If yes, please give details and dates.

8. Do you:

a) engage in any low-level or specialized flying or maneuvering? Yes No

(EX. Crop spraying, inspection, etc.)

If yes, please give the date of purchase of aircraft, license number, details of activities and dates.

b) conduct test flights? Yes No

If yes, please give the details to duties, type of aircraft tested and dates.

c) participate in exhibitions, stunt flying or air competition? Yes No

If yes, please give the date of purchase of aircraft, license number, details of activities and dates.

d) fly outside the Philippines territory other than as fare-paying passenger. Yes No

If yes, please give the date of purchase of aircraft, license number, details of activities and dates.

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ___/___/___ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Applicant

Witnessed by: _____

Name and Signature of Bancassurance
Sales Executive / Code No.