



## Details of flying

1. Please provide details of your flight plans over the **next 12 months**.

Type of aircraft (make, model name, number and weight)	No. of hours as pilot	No. of hours as passenger	Purpose (e.g. pleasure, business, air taxi, as instructor)

2. a) Who owns the aircraft?

b) Does the owner hold an  
Air Operator's Certificate?

Yes  No

c) Who maintains the aircraft?

3. Where do you intend to fly from and  
to? (Please include the towns/cities  
and countries)

Flying from	Flying to

4. Will the flights be between licensed  
airfields and helipads?

Yes  No

If Yes, please give details

## Specialised flying

Will you do any specialised flying as pilot or aircrew in any of the following categories over the **next 12 months**?

- |  |  |                                      |                      |
|--|--|--------------------------------------|----------------------|
| 1. Commercial aircrew other than normal passenger and freight duties with your own employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 2. Civilian flying instructor?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 3. Civilian test pilot or technical observer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 4. Service flying other than general duties aircrew?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 5. Specialist helicopter work e.g. suspended loads, rescue work, oil rig work?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 6. Crop spraying or aerial seeding?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 7. Aerial photography?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 8. National or international competitions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 9. Exhibition or stunt flying?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |
| 10. Any other form of specialised flying?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please state number of hours | <input type="text"/> |

If the answer to any of the above is Yes, please fill in the questions below.

11. Name of employer/owner of aircraft
12. Type(s)/make and weight of aircraft (if known)
13. Geographical area of operations

## Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at [www.fpinternational.com/legal/privacy-and-cookies](http://www.fpinternational.com/legal/privacy-and-cookies).

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing [DPO@fpiom.com](mailto:DPO@fpiom.com). We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at <https://www.fpinternational.com/legal/privacy-and-cookies> or can be obtained by requesting a copy from our Data Protection Officer.

## Declaration

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in a policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature

Date

I give explicit consent to capture and process my medical/lifestyle data.

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