ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Pilot

Application No. | | | | | | | | | | | Abha ID:

Name of Proposer (Policy Owner):

Name of Life Assured (Person being insured by the policy)

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete occupation details as required in the questionnaire below. Suppressing occupation related information or providing incorrect information may impact the claims payout.

Occupational Details of Life Assured

1. **Please confirm your exact designation and exact nature of duties**

2. **Which aviation license do you currently have ?** (Mandatory selection with min 1 but multiple selection allowed)
   - ☐ Private
   - ☐ Commercial
   - ☐ Flight instructor
   - ☐ Any other (if ticked then mandatory free text)

3. **Has your license ever been revoked or suspended ?** Yes ☐ No ☐ (if Yes then mandatory free text)

4. **a) Which type of aircraft do you usually fly?**

   b) What is the total number of solo hours flown till date ?

   c) What is the average number of hours flown per year ?

   d) What is the total number of hours planned to be flown next year ?

5. **If you fly a privately owned or chartered aircraft/helicopter, please indicate the average number of hours flown:** Yes ☐ No ☐

   (if Yes then Mandatory selection with min 1 but multiple selection allowed)

   a) Private or club flying for pleasure (Average number of hours flown)

   b) Private flying for business (Average number of hours flown)

   c) Private flying for other purposes (Mention the purpose with average number of hours flown)

6. **Are you involved or likely to be involved in any of the following types of flying?** Yes ☐ No ☐

(If Yes then mandatory selection with min 1 but multiple selection allowed)

a) Experimental (for non-commercial, recreational purposes such as education or personal use).

b) Test flying (for routine fitness check of the aircraft or for prototype testing)

c) As a flight instructor (commercial, elementary or advanced level)

7. **Have you ever participated or have plans to participate in any of the following?** Yes ☐ No ☐

(If Yes then mandatory selection with min 1 but multiple selection allowed)

a) Any form of aerobatics

b) Air shows (flying exhibition)

c) Prototype testing (flight testing done before actual flight)

d) Air-racing (sport of racing airplanes)

e) Stunt flying (any stunt performed in an aircraft)

8. **Are are engaged, or are likely to be engaged, in flying as a member of the armed forces, please state:** Yes ☐ No ☐

(If Yes then below option to be filled mandatory)

a) The branch of the armed forces you are or will be serving in

b) Your rank and designation

c) The nature and extent (i.e. number of hours per year) of your flying or expected flying

d) Which type of aircraft (make, model, number) do you usually fly

9. **Have you ever had an accident while performing the above duties?** Yes ☐ No ☐

(if Yes then mandatory free text) (Incident detail - Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description)

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer