

Pilot Questionnaire

Personal details

1. Name of Insured Person _____
2. Full-time occupation _____
3. Date of birth / / _____
4. Date of last medical / / _____
5. Are you completely free of any physical or medical defect or infirmity? Yes No

Licence details

6. Please confirm the year you were first licensed as a pilot _____
7. What class of licence do you currently hold? Recreational Pilot Private Pilot Commercial Pilot
8. Licence number _____
9. What aircraft classes are you licensed to fly: i.e. Single, multi or helicopter? _____
10. Is your licence:
 - (a) Instrument Rated Yes No Date of Rating / / _____
 - (b) Radio Rated Yes No Date of Rating / / _____

Piloting and aircraft history

Please confirm your experience as pilot in command

Aircraft type	Total hours (by type)	Hours as a pilot in command

11. Have you ever been involved in a reportable aircraft incident? Yes No
 If 'Yes', please provide details of the incident/s

12. Have you ever been grounded or had your licence suspended or revoked? Yes No
 If 'Yes', please provide details of why

13. Who is the aircraft you principally pilot owned by: Yourself The Insured Other
14. Who maintains the aircraft that you fly? _____
15. Does this aircraft have a system of maintenance approved by CASA? Yes No

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Current and proposed flying

Type	Pilot hours			Crew hours		
	Hours		Aircraft type	Hours		Aircraft type
	Last year	Anticipated next 12 months		Last year	Anticipated next 12 months	
Complete as applicable						
Commercial						
Club Flying						
Private Flying						
Rotary Wing						
Other (Please provide details)						
TOTAL HOURS						

16. Do you intend to use unlicensed or unrecognised airfields or landing strips? Yes No
 If 'Yes', please confirm details including landing surface, proximity to obstacles etc

17. Will there be any activities undertaken whilst piloting the aircraft which may be considered high hazard? Including but not limited to; crop spraying and/or dusting, aerial photography, pipe and/or powerline inspections, experimental or test flying, racing and/or stunt flying, Instructional or any other specialised flying? Yes No
 If 'Yes', please provide details

Declaration

The Employee declares that:

- The Employee has read and understands the Policyholder's duty of disclosure.
- The answers given in this Application are in every respect true and correct.
- The Employee has not withheld any information likely to affect the decision of Zurich Australian Insurance Limited as to the Employee's eligibility for Insurance.

Signature of Employee	Date
X	/ /

The Policyholder declares that:

I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the Employee to be insured are true and correct in every respect.

Signature of Policyholder or Authorised Representative	Date
X	/ /

Duty of Disclosure

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Individuals

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

If You Do Not Tell Us Something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

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