

AEROBATIC USES QUESTIONNAIRE

Please provide this completed form with all applicable submissions.

Insured/applicant: _____

Aircraft registration number: _____

Because our policy wording excludes coverage for aerobatic operations unless specified in the declarations or endorsements to the policy, in order to properly underwrite the risk for aerobatic-capable aircraft we need to know whether or not the aircraft will be used for:

(Please check one choice for each of the following)

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Personal Aerobatics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amateur Competitions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airshows not for hire | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airshows for hire | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide us with this information on such aircraft in order to avoid misunderstandings about the actual uses that need to be covered.