INDIVIDUAL INSURANCE

Flight Activity Questionnaire
(hot air balloon, hang glider or ultra-light)

EQC048

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use, and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract # _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. What type of activity(s) have you done? ☐ Hot air balloon ☐ Hang glider ☐ Ultra-light airplane
2. Specify the type of construction of your aircraft:
   ☐ Factory assembled ☐ Rigid wing ☐ Parachute
   ☐ Motorized ☐ Homebuilt ☐ Non-motorized
3. What are the reasons for these flights?
   ☐ Advertising ☐ Recreation ☐ Passenger transport ☐ Instruction ☐ Student ☐ Other: _____
4. Date of first flight Y M D Date of last flight Y M D
   Please enter the total number of flights and hours logged in your log book: _____
5. How many flights have you flown in the last 12 months? _____
6. How many flights are planned for the next 12 months? _____
7. What is the average altitude of your flights? _____ What is the highest altitude of your flights? _____
8. What is the average distance of your flights? _____ What is the longest distance of your flights? _____
9. What is the average duration of your flights? _____ What is the longest duration of your flights? _____
10. What type of terrain do you fly over? _____
11. Have you ever been in an accident or mishap? ☐ Yes ☐ No If **Yes**, please specify:
    _____

Section C – Questionnaire (cont.)

12. Do you have a pilot's licence or qualifications to practise your aeronautical activities? ☐ Yes ☐ No

If **Yes**, please provide details: _____

13. Have you ever participated or are you planning to participate in other aeronautical activities not mentioned above?
(e.g., record-breaking attempts, experimental equipment, crossing large lakes or oceans, activities outside North America, etc.)

☐ Yes ☐ No If **Yes**, please specify: _____

14. Are you a member of an official club? ☐ Yes ☐ No If **Yes**, please state which one: _____

If your application is not accepted at the regular premium rate, what would you accept? ☐ Additional premium ☐ Exclusion

Section D – Consent and signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

I, the undersigned and person to insure, declare that the above information is complete and accurate and that it will form part of my insurance application with UV Insurance.

Signed in _____ Y M D

X _____ **X** _____

Signature of person to be insured | Owner's signature (required if insured under age)

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