

LIFE INSURANCE CORPORATION OF INDIA

AVIATION (ARMED SERVICES) QUESTIONNAIRE

Proposal No. _____

Form No. LIC03 - 502

Name of the Life to be assured _____

<p>1. State</p> <ul style="list-style-type: none">i. Whether you are in Army, Navy or Air Forceii. Branch of the Service to which you belongiii. Your Rank in Service	
<p>2. If you belong to a Flying Branch, or Unit, state in what capacity do you fly – pilot, navigator, instructor, etc.</p>	
<p>3. If you are a qualified pilot, state</p> <ul style="list-style-type: none">a. When and where did you learn to fly?b. The date on which you qualified as a pilot?c. The date on which you made first solo flightd. Which aircraft do you fly?e. Number of hours of solo flying done during the last 12 monthsf. Number of hours of solo flying done to dateg. Are you under orders to fly a different type of aircraft	
<p>4. State whether you have ever been or have any prospect or intention of being involved in</p> <ul style="list-style-type: none">a. test flights on proto-type modelsb. racing for establishing flying records or aerobaticsc. exhibitions or display flying	
<p>5. If you belong to a Ground Duties Branch or Unit, state:</p> <ul style="list-style-type: none">a. the nature of your dutiesb. whether you are required to fly in a capacity involving duties aboard an aircraft while in flightc. whether you have undergone training as a pilot or other member of flying crew and if not, whether you intend to undergo such training	
<p>6. If answer to Question 5(b) is “Yes”, state:</p>	

<p>a. The number of hours flown in a capacity involving duties aboard an aircraft while in flight</p> <ul style="list-style-type: none"> i. during the current calendar year to date ii. during the last full calendar year iii. during the previous to last full calendar year <p>b. Whether you expect that the extent of flying to be done by you in future would differ from that done in the past and if so, explain how</p>	
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DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 200

Signature of Witness _____
Occupation _____
Address _____

Signature of the Life to be assured

In case the Proposer is illiterate:

1. This declaration should be made by the person filling in the form:

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

Address of the Declarant _____

Signature _____

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in _____ (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant _____

Signature _____