

Surname of the life to be insured

Given name(s)

Specify the type of Civil Aviation Authority Licence held

Do you intend to change the scope of your present license?

No Yes Give details

Have you ever had an accident or been charged with a violation of Department of Transport regulations?

No Yes Give details

Do you land at unauthorised aerodromes, airports or landing areas?

No Yes Give details

Indicate the type of aircraft that you fly (tick all that apply)

Fixed wing Helicopter Ultralight/Microlight
 Glider Balloon Hang-glider/Paraglider

Specify the number of hours flown in the categories below

Activity	Last 12 mths		Next 12 mths	
	Crew	Passenger	Crew	Passenger
Fixed Wing	Commercial airline			
	Charter			
	Private			
	Aero club/ flying school			
	Agricultural			
Helicopter	Commercial airline			
	Charter			
	Private			
	Aero club/ flying school			
	Agricultural			
Ultralight/ Microlight				
Glider				
Balloon				
Hang-glider/ Paraglider				

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.

DECLARATION AND SIGNATURE

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

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Please return the completed form to:
TOWER Australia
GPO Box 5380
Sydney NSW 2001