

INDIVIDUAL

PILOT LOSS OF LICENCE

APPLICATION FORM



INDIVIDUAL PILOT LOSS OF LICENCE APPLICATION FORM

Important Information

1. This application form can be completed electronically or manually, and a copy should be retained for your records.
2. Please complete all sections of this application form and return by email to your insurance intermediary named in Section 8.
3. Where the space provided is insufficient for your replies, please provide these separately and attach to this Application Form.
4. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The same duty arises on renewal, extension, reinstatement or variation of a contract of General Insurance

The disclosure required is especially important in matters relating to the physical risk, past claims, cancellation of insurance covers, the imposition of increased premiums, insolvency or criminal convictions. Disclosure is not limited to specific questions in a application form or matters applying to the Insured named in the Policy, but includes other relevant matters including past business or businesses or private insurances. If you breach the duty, even innocently, the insurer may be able to reduce its liability in respect of a claim or may cancel the contract. If the non-disclosure is fraudulent the insurer may also have the option of avoiding the Policy from inception.

WHAT YOU MUST TELL INSURERS

When answering our questions, you must be honest and you have a duty under law to tell an Insurer anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. An insurer will use the answers to decide whether to insure you and on what terms.

IF YOU DO NOT TELL INSURERS

If you do not answer questions in this way, insurers may reduce or refuse to pay a claim, or cancel your insurance.

If you answer the questions fraudulently, insurers may refuse to pay a claim and treat your insurance as if it never existed.

If you answer Yes to any questions, you can provide additional information in Section 7 but you may be asked to complete a supplementary underwriting medical questionnaire(s). Failure to disclose material information may invalidate this insurance. Please answer ALL questions.

Privacy

Aircrew Insurance respects your right to privacy and is committed to safeguarding the privacy of our customers. We adhere to the Australian Privacy Principles contained in the Privacy Act 1988 (Cth). This policy sets out how we collect and treat your personal information.

Further information about our privacy practices can be located in our Privacy Policy which can be viewed on our website at www.aircrewinsurance.com.au.

Section 1 – Applicant details

Title or rank:

First name(s):

Surname:

Date of birth:

Permanent address:

Telephone number:

Email address:

Employer:

Type of flying activities/operation:

Regular public transport	Charter	Aerial Work	Instruction flying	Other
Fixed or Rotary wing:	Fixed	Rotary		
Employment:	Full time	Part Time	Self-employed/freelance	

Do you fly on any military operations or provide active flying services in the armed forces? Yes No

Are you gainfully employed for at least 15 hours per week? Yes No

Gross annual salary from flying:

Loss of licence sum to be insured:

Is this application a: new application increase in sum insured

If you are entitled to an Enterprise Agreement rebate, please state the amount:

Requested inception date of this insurance cover:

List all types of flying licences currently held (CPL, ATPL etc) including country of issue, numbers and renewal date:

Section 2 – Temporary loss of licence

Would you like to add Temporary Loss of Licence cover? Yes No

If Yes, please select one of the following waiting period options:

180 days 120 days 90 days 60 days

Section 3 – Height and weight

Your height (cms):

Your present weight (kilos):

Your weight 12 months ago (kilos):

Section 4 – Other insurance

Are you entitled to any other accident and/or sickness insurance arranged by you or your employer, including Loss of Licence arranged through an association or mutual benefit fund? Yes No

If Yes, please provide full details below:

Insurer/ Provider	Date cover commenced	Sum Insured
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Is this application to replace your existing loss of licence cover? Yes No

Section 5 – Sports and pastimes

Do you participate in sport aviation activities or any other, sports or pastimes involving extra risks – such as skin diving, rock climbing, potholing, driving or riding in race or competition? Yes No

Section 6 – Health questionnaire

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|----|---|-----|----|
| 1. | Have you ever been grounded or had a licence invalidated for medical reasons? | Yes | No |
| 2. | Has any limitation ever been endorsed on any of your licences? | Yes | No |
| 3. | Was any abnormality revealed at your last aviation medical exam? | Yes | No |
| 4. | After or during a medical examination, have you ever: <ul style="list-style-type: none">• been required to take additional tests;• been referred for specialist examination;• ordered to take drugs or follow any special diet; or• had the issue or renewal of your medical certificate deferred or had to return for examination at less than the normal interval period. | Yes | No |
| 5. | Have you ever had, or had investigated, or sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any of the following: <ul style="list-style-type: none">• heart, blood pressure, stroke, circulatory or respiratory disorder;• any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system;• any disorder of the blood or lymphatic system;• any condition affecting bones and/or joints, including spinal conditions;• any disorder of the skin; or• diabetes types I or II. | Yes | No |
| 6. | Have you ever had, or had investigated, or sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any mental, psychiatric or nervous disorder (including migraine), epilepsy or any other form of convulsion or loss of consciousness? | Yes | No |
| 7. | Have you had any medical problems, treatment of any sort, or consulted a doctor or any other medical practitioner in the past 12 months? | Yes | No |
| 8. | Has any insurance company or underwriter declined to renew your insurance or imposed an exclusion on your cover? | Yes | No |

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|-----|---|-----|----|
| 9. | Have you ever made a claim or received benefits in regard to any illness injury or condition? | Yes | No |
| 10. | Do you currently smoke tobacco or e-cigarettes? | Yes | No |
| 11. | Are you aware of or currently suffering from any other disability, illness or symptoms not already mentioned in this application that might influence the acceptance of this application? | Yes | No |

If you have answered Yes to any of the above, please give full details in the section below. In answering question 7, do not include colds, flu or minor viral illnesses that were short (less than 21 days), isolated occurrences or medications for these conditions, or normal annual check-ups where the results were normal.

Section 7 – Additional information

Additional information (use additional paper if necessary)

Section	Details
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Section 8 – Form submission details

Please complete all questions and email your application or send any queries to your intermediary named below (if left blank, please return to support@aircrewinsurance.com.au).

Name of Insurance Intermediary:

Contact person:

Contact Number:

Email Address:

Declaration

I the undersigned person declare that:

1. The above statements are correct, true and complete; and
2. No information material to this Application Form has been withheld; and
3. I have read the important facts put before me and understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
4. I undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
5. I acknowledge that the Insurer relies on the information and representations in this Application Form and otherwise made by me in relation to this insurance; and
6. I agree that this application and declaration shall form the basis of the contract with insurers should this application be approved.

Signature:

Printed Name:

Date:

The insurer reserves the right to refuse to accept an application for insurance, or to impose special conditions. If a policy is issued, this Application Form, together with any other information supplied prior to inception, shall form the basis of any contract of insurance effected thereon.