

PROPOSAL FORM FOR LOSS OF FLYING LICENCE INSURANCE

Your attention is drawn to the declaration at the foot of this form. It is important that all sections of this proposal form should be fully completed even if it is for renewal of or for an amount additional to an existing insurance. You should declare all conditions even though you have been declared fit. You should not omit to mention investigations where you have been told that the result is satisfactory. Failure to disclose material information may invalidate the policy.

PERSONAL INFORMATION:

A. Surname: Rank: First names: Address: (in full) Post Code: Tel: (home) (work) Email: Date of Birth: Height: Weight: (current) (12 months ago) Annual Salary: (including bonuses):

B. (i) Employer: (ii) Type of Duties/aircraft: (please tick all which apply) Commercial Fixed Wing Private Rotor Wing Instruction

C. All Current Licences Held: (please specify type, number & country of issue).

MEDICAL INFORMATION:

D. Do you hold a current medical certificate? Yes No

E. Has any limitation or endorsement been imposed on any Licence you hold or have held? Yes No

If Yes, give details

F. (i) Date of last electrocardiograph taken as required by the Licensing Authority (dd/mm/yy)

(ii) Were you advised of any abnormality in or revealed by the examination Yes No

If Yes, give details

G. Have you ever been grounded or had any licence invalidated? Yes No

If Yes, give dates and details

- H Have you ever been required:
- to take additional tests at or after a medical examination (either routine or any other) Yes No
 - been referred for specialist investigation Yes No
 - had the issue or renewal of any medical certificate deferred Yes No
 - had to return for examination at less than the normal interval of time Yes No
 - been ordered to take drugs or follow any special diet or treatment? Yes No

If **Yes** give dates and details _____

- I. Have you consulted any medical practitioner or attended hospital during the last **five** years other than for the purpose of obtaining or renewing your licence? Yes No

If **Yes**, state when and for what reason _____

- J. **Medical History.**
Do you have any other medical history which you have not already declared? If not, please state **NONE**.

- K. Are you aware of any deterioration in your health or medical fitness including (but not restricted to) a reduction in hearing, deterioration of eyesight, back/knee discomfort etc. which may affect your ability to perform your duties? Yes No

If **Yes**, give details _____

- L. Have you ever smoked cigarettes, cigars or a pipe? Yes No
Have you smoked in the last 12 months? Yes No

If **Yes**, state average daily quantity _____

- M. Have either of your parents or brothers or sisters had diabetes, heart disease, high blood pressure or a mental or nervous disease? Yes No

If so, please give full details, including approximate age at onset _____

- N. Has any Insurance Company or Underwriter:
- (i) declined or deferred a Proposal from you? Yes No
 - (ii) charged or quoted more than standard rates (other than occupational load)? Yes No
 - (iii) cancelled or declined to renew your insurance? Yes No

If **Yes**, give details _____

O. Access to Medical Reports (please see over for further details):

The Company may require additional medical information therefore, if you have completed any section declaring medical history, please complete the following:

Usual Doctor or General Practitioner's name and contact address:

Consultants name and consultants address:

I do/do not wish to see the report before it is sent to the Insurers*
 *delete as applicable.

I have been informed of my rights under the Access to Medical Reports Act 1988 (if applicable) and hereby consent to the Insurers obtaining medical reports in connection with this application.

BASIS OF COVER:

P. **Sum to be Insured:**

- Q. **Please state if this Proposal is:**
- a) your first proposal to this company
 - or b) for renewal of an additional amount to an existing insurance
 (if (b) state existing Policy No. and amount insured and Agent).
- _____
- _____

R. Are you entitled to benefit from any other "Loss of Licence, Permanent Health or Aircrew Disability Insurance?"

Yes No

If **Yes**, state type and the amounts insured _____

DECLARATION:

I hereby declare that to the best of my knowledge and belief the answers to the foregoing questions whether in my own handwriting or not are true and complete and that I have not withheld any information which might influence the decision of the Insurers with regard to this proposal. I agree that this proposal and declaration shall be the basis of the Contract between me and the Insurers if a policy is issued.

Signed: _____ **Dated:** _____

The Company reserves the right to impose special conditions or refuse to accept a proposal for insurance.

ACCESS TO MEDICAL REPORTS ACT 1988

To process your application we may need to obtain a medical report from any doctor who has attended you. You can withhold your consent for us to obtain the report, but without it cover may be restricted. You are responsible for any fees incurred by us in obtaining such reports.

If you consent, you can see the medical report before it is sent to us. We will inform you when we write to the doctor, and you need to obtain your copy within the next 21 days. If after 21 days the doctor has not heard from you, he can send his report directly to us, and you can still request a copy any time during the following six months for which you may be charged.

If you see the report within the 21 days, the doctor must obtain your consent before sending it to us. You can ask the doctor to amend any part of the report which is incorrect or misleading. You can attach a statement of your views on any part of the report where you and the doctor are not in agreement.

The doctor does not have to let you see any part of the report which could cause serious harm to your physical or mental health, or that of others, or would indicate the doctor's intentions towards you, or if information about you which has been supplied by another person, other than a health professional, would be revealed.

If the doctor withholds any part of the report from you, he must inform you of this fact. If it is the whole report which is affected, the doctor must not send it to us unless you consent to this.

If you do not wish to see the report, the doctor will send it to us immediately, but he must keep a record of the report for a period of six months, and you may apply to see a copy of the report during this time.