

Loss of licence insurance for pilots

Proposal form

Important advice to all applicants

All sections of the application form must be fully completed. You should be aware that this insurance is subject to a comprehensive previous medical condition/disability exclusion in relation to all medical/health matters. The full definition of 'previous medical condition/disability' is contained in the terms and conditions which appear in the policy wording, a copy of which can be obtained from Hiscox Global Flying. To ensure that you have the coverage you require and that you understand the Scheme limitations, it is recommended that you study the terms and conditions.

You must declare full details of your medical history, including disabilities, illnesses and accidents together with the dates of such occurrences. You should not omit to disclose such details because you have been declared fit or have been told that the results of medical investigations are satisfactory, or because you think or have been advised that they are not relevant or material.

Failure to disclose material information may invalidate this insurance.

Section 1

Title or rank	
Surname	
First name(s)	
Date of birth	
Permanent address	
Tel no	
Email	

Male ☐ Female ☐

Preferred contact method Email ☐ Phone ☐ Both ☐

Flying licences held (list all types (CPL, ATPL etc. - country of issue and numbers)

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Section 2

Employer	
Is this application new <input type="checkbox"/> or for an increased sum insured <input type="checkbox"/>	
Requested inception date of insurance cover	
Currency	
Annual salary	
Sum to be insured	
Full time <input type="checkbox"/>	Part time <input type="checkbox"/> Self employed/freelance <input type="checkbox"/>

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Section 3

1. Would you like to add sports cover? Yes ☐ No ☐
 2. Would you like to add temporary benefit (TTD) cover? Yes ☐ No ☐
- If Yes, please select one of the following TTD options:
- a. 12 months with 180 day excess ☐
 - b. 12 months with 120 day excess ☐
 - c. 12 months with 90 day excess ☐

Section 4

- Have you ever been grounded or had a licence invalidated for medical reasons? Yes ☐ No ☐
1. Has any limitation ever been endorsed of any of your licenses? Yes ☐ No ☐
 2. Has any insurance company or underwriter:
 - a. declined or deferred a proposal from you? Yes ☐ No ☐
 - b. charged or quoted more than standard rates? Yes ☐ No ☐
 - c. imposed an exclusion or waiver on your insurance cover? Yes ☐ No ☐
 - d. cancelled or declined to renew your insurance? Yes ☐ No ☐

If you have answered Yes to any of the above, please give full details in section 10.

Section 5

Are you entitled to any other loss of licence insurance arranged by you, your association or your employer? Yes ☐ No ☐

If Yes, please give full details below (sum insured, multiples of salary etc.)

Section 6

Please give the date of your last electrocardiograph examination approved by your licence issuing authority:

Date: Month: Year:

Were you advised of any abnormality revealed by this or any previous examination? Yes ☐ No ☐

If you have answered Yes to any of the above, please give full details in section 10.

Section 7

State your height (cms)

and present weight (kilos)

and your weight 12 months ago (kilos)

Section 8

1. Have you ever suffered from any conditions or illnesses which necessitated hospital attendance, admission, diagnosis or treatment? Yes ☐ No ☐
2. After or during a medical examination have you ever:
 - a. been required to take additional tests? Yes ☐ No ☐
 - b. been referred for specialist examination? Yes ☐ No ☐
 - c. had the issue or renewal of your medical certificate deferred? Yes ☐ No ☐
 - d. had to return for examination at less than the normal interval? Yes ☐ No ☐
 - e. been ordered to take drugs or follow any special diet? Yes ☐ No ☐

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3. Are you aware of any deterioration in your general health, eyesight or blood pressure?

Yes ☐ No ☐

If you have answered Yes to any of the above, please give full details in section 10.

Section 9

Have you ever been investigated, diagnosed or been treated for:

1. any psychiatric or nervous disorder (incl. migraine), epilepsy or any other form of convulsion or loss of consciousness?
2. any heart, blood pressure, stroke, circulatory or respiratory disorder?
3. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system?
4. any disorder of the blood or lymphatic system?
5. any condition affecting bones and/or joints, incl. spinal conditions?
6. any disorder of the skin?
7. diabetes?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

If you have answered Yes to any of the above, please give full details in section 10.

Section 10

Additional information (use additional paper if necessary)

Section number	Details

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Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I hereby declare that to the best of my knowledge and belief the answers given to the questions contained in the application are true and complete. I agree that this application and declaration shall form the basis of the contract between me and the insurer should my application be approved.

	/ /
Signature	Date

The insurer reserves the right to refuse to accept an application for insurance, or to impose special conditions.

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει.

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω.

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιαδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος

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