

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	<input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Tel no	<input type="text"/>
Email	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Flying Licences held (list all types (CPL, ATPL etc) Country of Issue and Numbers)	<input type="text"/>

Section 2

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

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Section 3

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 12.

Section 4

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 5

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

Date:	Month:	Year:
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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 12.

Section 6

Do you currently smoke? Yes No

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

3. Are you aware of any deterioration in your general health, eyesight or blood pressure? Yes No

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If you have answered Yes to any of the above, please give full details in section 12.

Section 9

Have you or either of your natural parents had 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? Yes No
2. any heart, blood pressure, stroke, circulatory or respiratory disorder? Yes No
3. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system? Yes No
4. any disorder of the blood or lymphatic system? Yes No
5. any condition affecting bones and/or joints, incl. spinal conditions? Yes No
6. any disorder of the skin? Yes No
7. diabetes? Yes No

If you have answered Yes to any of the above, please give full details in section 12.

Section 10

Have you ever had an HIV/AIDS test or been personally counselled or medically advised in connection with AIDS or any sexually transmitted disease? Yes No

If you have answered Yes please provide details and confirm if test was negative in section 12.

Section 11

Do you participate in the following, or any other, sports or pastimes involving extra risks – such as skin diving, rock climbing or mountaineering, potholing, hang-gliding or parachuting, driving or riding in race or competition? Yes No

If you have answered Yes to any of the above, please give full details in section 12.

Section 12

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.

Please return your completed application form to

Hiscox Global Flying,
Hiscox House,
Sheepen Place,
Middleborough,
Colchester,
Essex CO3 3XL
England
T +44 (0)845 213 8710
F +44 (0)20 7448 0011
E-mail: flying@hiscox.com

A copy of this proposal should be retained for your records.