



GROUP PILOT LOSS OF LICENCE

APPLICATION FORM

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Important Advice

1. 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.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Application Form.
3. The term company, whenever used in this application form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this application.
4. A copy of this Application Form should be saved and retained for your records.

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 insurers 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.

It is important that you understand you are answering questions in this way for yourself and anyone else whom you want to be covered by the insurance.

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.

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.

Company Details

Insured / Company:

ABN:

Business address:

State:

Post Code:

Telephone number(s):

Email address:

Type of flying activities/operation:

Aircrew to be Covered

Please state the number of aircrew currently employed and categorised by age group and rank:

	Captains	First Officers	Second Officers	Flight Engineers	Other
Up to 29					
30 to 34					
35 to 39					
40 to 44					
45 to 49					
50 to 54					
55 to 59					
60 to 64					
65+					

Please state salary scales by age band.

Salary Scale	Salary Scale
Up to 29	30 to 34
35 to 39	40 to 44
45 to 49	50 to 54
55 to 59	60 to 64
65+	

What was the total number of aircrew employed by the company in each of the previous 3 years?

Year:

Total number of aircrew:

Other Insurance

Does the company have, or has the company ever been insured for loss of licence or similar accident and/or sickness insurance for which cover is required? Yes No

If 'Yes', please provide details of any other loss of licence or similar cover currently provided by the company, including allowances towards the cost of insurance:

Current terms and conditions such as:
Permanent loss of licence covered?
Temporary loss of licence covered?
Details of waiting or excess periods
Mental health conditions covered?

Sum(s) insured:

Insurer:

Any other information:

What is the period of insurance?

From (Inception):

To (Expiry):

Previous Loss History

Please provide details of any aircrew that have lost their licence either permanently or temporarily in the last 5 years:

Year	Cause of loss	Age	Permanent or Temporary Suspension	Sum Insured (if applicable)
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Are there any aircrew currently unfit for duties for more than 30 days? Yes No

If 'Yes', please provide details below including age and cause of unfitness:

Has any Insurer, in respect of the risks to which this application relates, ever?

Declined the company's application?	Yes	No
Cancelled or refused renewal of a policy?	Yes	No
Required an increased premium or imposed special terms?	Yes	No

If, 'Yes' to any of the above, please provide details here:

Benefits and Scope of Cover

Would you like Permanent loss of licence cover? (lump sum benefit)	Yes	No		
Would you like Temporary loss of licence cover? (monthly benefit)	Yes	No		
If Yes, please select waiting period and benefit period options:				
Waiting period (days):	60	90	120	180
Benefit period (weeks):		52	104	156
Would you like Accidental Death Cover?	Yes	No		
Would you like accident and sickness coverage for employees other than pilots?	Yes	No		

Declaration

I/We the undersigned duly authorised person(s) 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/We have read the important facts put before me/us and I/we understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
4. I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
5. I/We acknowledge that Insurer rely on the information and representations in this Application Form and otherwise made by me/us in relation to this insurance; and
6. I/We agree that this application and declaration shall form the basis of the contract between us and the insurers should our application be approved.

Signature of Insured or Authorised Representative:

Printed Name:

Position:

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.

Please email your application or send any queries to support@aircrewinsurance.com.au. If you've sent us the documents and haven't heard from us after 24 hours, please contact us just in case we haven't received your email. If you need any help, please contact us on 1300 089 847.