

**GROUP  
AIRCREW  
PERSONAL  
ACCIDENT**

**APPLICATION FORM**

# GROUP AIRCREW PERSONAL ACCIDENT 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](http://www.aircrewinsurance.com.au).

## Applicant Details

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Insured / Company:

ABN:

Business Address:

State:

Post Code:

Telephone number(s):

Email address:

Type of flying activities/operation:

## Aircrew to be Covered

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Number of persons to be covered:

Are all person residents of Australia?

Yes

No

Please indicate % of pilots that fly fixed wing and rotary wing aircraft:

Fixed Wing:

%

Rotary Wing:

%

Do any pilots fly outside of Australia?

Yes

No

**Please attach a list of employees (Insured Persons) with this application form including names, dates of birth and annual salaries (excel format preferred).**

## Other Insurance

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Has the Company ever been insured for the type of insurance for which cover is required?

Yes

No

If 'Yes', please provide details below:

Current terms and conditions:

Sum(s) insured:

Insurer:

Any other information:

What is the period of insurance?

From (Inception):

To (Expiry):

## Previous Loss History

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Have you ever had any losses for this type of insurance in the last 5 years, regardless of whether the Company had insurance or not?

Yes

No

If 'Yes', please provide details below or attach a full listing from your previous insurer(s) with this application:

Date of loss

Cause of loss:

Age

Sum insured (amount \$)

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

## Benefits and Scope of Cover

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The standard cover provided is Accidental Death but coverage can be extended to include Permanent Total Disablement benefits. Please select the benefits to be insured and refer to the policy wording for full details of the events covered.

Benefit	Sum insured	24 hour cover	Working hours only	Outside working hours only
Accidental Death				

Is Permanent Total Disablement coverage required? Yes No

## Declaration

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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](mailto: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.