

Application for Aircrew Legal Protection Insurance

Full Name	
Address	
	Post Code
Tel	Fax
E mail	
Licence No.	
Issuing Auth	
Expiry date	
Employer	

Declaration

1. I the undersigned, hereby apply for Aircrew Legal Protection Insurance.
2. I confirm that I am not aware of any circumstances, including specific act, omission or dispute or other event which has given, or may give rise to a claim being made under the terms of this scheme, including details of any redundancy programme due to be implemented within the next three months. (If you cannot give this confirmation, set out the circumstances on a separate sheet of paper for the Underwriters' consideration).
3. I hold additional responsibilities (*for example in training or management*) and have set these out on a separate sheet for Underwriters' consideration. Delete and initial this section if it does not apply to you.
4. Any change to the above details will be notified to Aircrew Legal Protection Limited.
5. I am not resident in the United States or Canada. (Residence is deemed to be where you pay tax)
6. I require £125k, £250k, £500k Limit of Indemnity – *delete as appropriate.*
7. Cover to Include:- USA and Canada. / Exclude USA and Canada – *delete as appropriate.*

I Enclose:-

- Completed Standing Order Mandate and Cheque for one month's premium.
- Cheque for annual premium.

Tick as appropriate.

Date Signature

Cheques payable to Aircrew Legal Protection Limited.

THIS INSURANCE IS UNDERWRITTEN BY BRIT INSURANCE

Aircrew Legal Protection Insurance

Standing Order Mandate

This form to be sent **WITH CHEQUE FOR ONE MONTH'S PREMIUM AND APPLICATION FORM (contained within the leaflet) TO:-** Aircrew Legal Protection Limited, 2 Liddon Road, Chalgrove, Oxford OX44 7YH, UK.

Important Note for Bank Staff: Please ensure to enter the Reference No. In Para 3 below.

Please enter your bank details in the box below

To:- Bank	Sort Code.
Postcode	

1. Please pay: The Bank of Scotland Paisley South Branch Sort Code **80-09-29**

2. For the credit of: Aircrew Legal Protection Limited. Account No. **01406165**

3. Quoting Reference: *(bank use only)*

4. The Sum of:

£10.50 Ten Pounds and Fifty Pence	£17.50 Seventeen Pounds and Fifty Pence	£15.75 Fifteen Pounds and Seventy Five Pence	£22.74 Twenty Two Pounds and Seventy Four Pence	£31.50 Thirty One Pounds and Fifty Pence
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Delete as appropriate.

Commencing: *(office use only)*

5. And thereafter monthly on *(office use only)* _____ of each month.
Until you receive further notice from us in writing.

PLEASE CANCEL ANY PREVIOUS STANDING ORDER OR DIRECT DEBIT IN FAVOUR OF THE BENEFICIARY NAMED ABOVE.

Account to be debited:

Name: _____	Account No.								
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Signature (1)

Signature (2)

Date

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