

PROPOSAL FORM FOR LOSS OF LICENCE INSURANCE

IMPORTANT ADVICE TO ALL PROPOSERS

All Sections of the Proposal Form must be fully completed, even if it is for renewal of, or for an additional amount to, an existing insurance. All details of your medical history must be declared and should not be omitted because you have been declared fit or told that results of medical investigations have been satisfactory, or because you think, or have been advised, that they are irrelevant or immaterial. Failure to disclose material information may invalidate the policy.

PERSONAL INFORMATION:

Surname: _____ First Names: _____

Address: _____ Date of Birth: _____
Height: _____
Weight: _____
Weight 12 months ago: _____

Flight Category: _____

1. Employer: _____

2. Annual Salary; _____ Flying Occupation: _____
Any Non-flying Occupation: _____

3. Sum to be Insured: _____ Annual Premium: _____

4. Inception of Insurance Cover: _____

FLYING DETAILS

5. Licences held *(Detail types, numbers and issuing authorities)*

6. Type of Flying *(Last two years and in future)*

7. Are you a member of an aircrew association? Yes No
If yes, please give details

8. Is this proposal for renewal , replacement or amendment of an existing insurance?

9.
Are you entitled to benefit under any accident or illness insurance arranged by you or your employer?
If yes, please give details Yes No

MEDICAL HISTORY

It is in your interest to declare all your medical history and not to omit any details because you think or your advisers (professional or otherwise) tell you it is irrelevant or immaterial. You should declare all conditions even though you have been declared fit. You should not omit to mention investigations where you have been told that the result is satisfactory. If you have no history to declare state NIL.

10. Have you or any relative(s) had investigated, diagnosed or been treated for:
(If yes, please give full details)

- a) any Psychiatric or nervous disorder (including Migraine)
Epilepsy or any other form of convulsion or any loss of consciousness ? Yes No
- b) any heart, blood pressure, stroke, circulatory
or respiratory disorder ? Yes No
- c) any condition involving eyes, ears, nose or throat, alimentary
tract or genito - urinary system ? Yes No
- d) any disorder of the blood or lymphatic system ? Yes No
- e) any condition affecting the bones and/or joints?
(Including spinal conditions) ? Yes No
- f) any disorder of the skin ? Yes No
- g) Diabetes ? Yes No

11. Have you ever suffered from any conditions which necessitated hospital attendance,
or admission, or diagnosis, or treatment? Yes No
(If yes, state when and for what reason)

12. Please give dates and full details of any other medical condition, illness or injury which has been
diagnosed and for which you have had treatment:
(Include accidents involving injury)

13. Do you currently smoke? Yes No

14. Have you ever been grounded or had your licence invalidated for medical reasons?
(If yes, please give dates and full details) Yes No

15. Has any limitation ever been endorsed on your licence?
(If yes, please give dates and full details) Yes No

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

Were you advised of any abnormality revealed by this or any previous examination?
(If yes, please give dates and full details) Yes No

17. After or during a medical examination have you ever:
(If yes, please give dates and full details)

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 interview time ? Yes No

e) been ordered to take drugs or follow any special diet ? Yes No

18. Are you aware of any deterioration in your general health, eyesight or blood pressure?
(If yes, please give dates and full details) Yes No

19. Has any insurance company or underwriter ?
(If yes, please give dates and full details)

a) declined or deferred a proposal from you ? Yes No

b) charged or quoted more than standard rates ? Yes No

c) cancelled or declined to renew your insurance ? Yes No

EXCEPTIONAL DANGERS

20. Do you wish to be covered for the following risks ? <i>(If yes, completion of the supplementary questionnaire attached is required)</i>		
a) Skin diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Rock climbing or mountaineering normally involving the use of ropes or guides ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Potholing ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Hang-gliding or parachuting ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Driving or riding in any kind of race or competition ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Any other occupations, sports, pastimes or activities which are likely to involve extra risks ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21. Do you have a military licence / permit to fly? <i>(If yes, please give full details of licence and type and frequency of flying involved).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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ADDITIONAL RISKS QUESTIONNAIRE

1. Which Sport(s) Pastimes are involved ?

2. Frequency ?

3. Qualifications / Experience ?

4. Is participation as an individual or as a Team-member ?
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5. Is participation regulated by a Governing Body ? If so, which ?
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6. Is any element of competition involved ? If so, is this supervised by the Governing body ?

DECLARATION:

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct, and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

Name:

Signature: Date:

Return to: ALPL, 2 Liddon Road, Chalgrove, Oxford, OX44 7YH.