austbrokers
ABS Aviation

Individual Aircrew Loss of Licence Insurance Application

The Applicant/s								
Name(s) in full								
Postal Address								
					State		Postcode	
Contact numbers	( )			Email				
Period of insurance	From	/ /	to	/ /	at 4 p.m.			

Personal Details (To be completed by the Insured Person)							
Name of Insured Person							
Date of Birth	/ /	Sex	Male ☐ Female ☐	Height	cm	Weight	kg
Are you a permanent resident of Australia?			Yes ☐ No ☐	Annual Salary	$		

Flying Details	
Licences Held (Type, Ratings & issuing authorities)	
How long have you held a commercial pilots licence ?	
Type of Flying undertaken (Last 2 years and in future)	
Do you undertake any of the following ?	Agricultural ☐ Mustering ☐ Aerobatics ☐
If yes please attach full details	

Medical Details	
Have you in the last 10 years suffered from any conditions which necessitated hospital attendance, or admission, or diagnosis, or treatment? If yes please attached full details including when and for what reason ?	Yes ☐ No ☐
Do you currently Smoke ?	Yes ☐ No ☐
Have you in the last 10 years received treatment or advice from a registered medical practitioner (Including but not limited to a doctor, chiropractor, physiotherapist, psychiatrist or naturopath) in relation to:	
Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system?	No ☐ Yes ☐
Lungs, asthma, tuberculosis or disorders of the respiratory system?	No ☐ Yes ☐
Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?	No ☐ Yes ☐
Brain, Epilepsy or disorder of the central nervous system?	No ☐ Yes ☐
Stomach, oesophagus or disorders of the digestive system?	No ☐ Yes ☐
Head, back, neck or spine or any disorder of the musculoskeletal system?	No ☐ Yes ☐
Depression, psychological, psychiatric or personality disorder?	No ☐ Yes ☐
Drug or alcohol dependence?	No ☐ Yes ☐
Cancer or tumour?	No ☐ Yes ☐
Diabetes?	No ☐ Yes ☐
HIV, AIDS or AIDS related conditions?	No ☐ Yes ☐
Any Disorder of the Eyes or Ears?	No ☐ Yes ☐
Hepatitis?	No ☐ Yes ☐
Any hernia or associated condition?	No ☐ Yes ☐

Medical Details

Ulcers?	No ☐ Yes ☐
Arthritis or rheumatism?	No ☐ Yes ☐
Physical impairment or deformity?	No ☐ Yes ☐
If the answer is 'Yes' to any of the above, please provide details as to the nature of the illness or injury and the treatment or advice given, including: when identified and treated, duration, cause, nature of treatment, current condition, name and addresses of doctors and hospitals consulted (if there is insufficient space, please attach details)	
Please attach full details including dates of any other medical condition, illness or injury which has been diagnosed and for which you have had treatment including accidents involving injury.	
Date of your last Aviation Medical	/ /
Has any limitation ever been endorsed on your licence?	Yes ☐ No ☐
Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons ?	Yes ☐ No ☐
After or during a medical examination have you ever been required to take additional tests, been referred for specialist examination, had the issue or renewal of your medical deferred, been ordered to take drugs or follow any special diet ?	Yes ☐ No ☐
Do you currently have any symptoms of injury or illness or are you taking prescribed medication of any kind ?	Yes ☐ No ☐
If you have answered 'Yes' to any of the above questions, please provide full details. (Attach on separate page)	

Insurance Details

Are you entitled to claim benefits from any other existing or intended Injury or Illness or Loss of Licence Insurance policy ?	Yes ☐ No ☐
Has any policy, or application, for Loss of Licence insurance ever been declined, modified, accepted at an increased premium, cancelled or refused renewal ?	Yes ☐ No ☐
Have you ever claimed for benefits under any Loss of Licence policy ?	Yes ☐ No ☐
Do you currently, or do you intend to engage in any hazardous pursuit or pastime, including but not limited to motor sports in any form, rock climbing, water skiing, snow or ice sports, horse riding, parachuting or hang-gliding, other body contact sports? If there is insufficient space, please attach details:	Yes ☐ No ☐
If you have answered 'Yes' to any of these questions, please provide details.	

Cover Required

Section A – Permanent Total Disability		
Sum Insured	$	Sum Insured selected must not exceed the equivalent of 5 x annual gross earnings
Section B – Temporary Total Disablement (Optional Cover)	Cover Required	Yes ☐ No ☐
Benefit - 2% of Sum Insured selected under Section A per month or actual gross monthly earnings whichever is the lesser. Maximum Indemnity Period 12 months with 90 Day Excess Period		

Important Information

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**
  - that diminishes the risk
  - that is of common knowledge
  - that we know or should know in the ordinary course of our business as an insurer, or
  - which we indicate we do not want to know.
- **If you do not tell us**

  If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

The Code of Practice

We are signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. The aim of the Code is to raise the standards of practice and service in the insurance industry. Further information about the Code is available upon request.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website **www.qbe.com** or contact the Compliance Manager by email **compliance.manager@qbe.com** for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the PDS/ Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature	**X**	Date	/ /
Applicant's Title			

Please return the completed form to your Financial Services Provider.

This Policy is underwritten by QBE Insurance (Australia) Limited
ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney