Individual Loss of Licence Insurance

Proposal form

Issued by Agile Underwriting Services Pty Ltd
ABN 48 607 908 243 — AFSL 483374

Accident & Health

Powered by AGILE. Coverholder at LLOYD'S

Important Information

- Please complete all relevant sections of this proposal form to enable us to provide you with an insurance quotation.
- This proposal form can be completed electronically, alternatively you can manually complete the proposal form and email it to your Insurance Broker.
- We take your privacy very seriously. If you would like to review our Privacy Policy you can call us on 1300 475 092 or email us at privacy@agileunderwriting.com or visit our website www.agileunderwriting.com.

Section 1 – Your Details

1. **Personal details:**

Name of your business:	Gender: Male ☐ Female ☐
Full Name:	Date of birth: / /

2. **Contact details:**

Telephone number:	ABN:	
Email address:		

3. **Address:**

Street Address:

City:	State:	Postcode:

Section 2 – Risk Details

4. **What is your occupation?**	
5. **Type of licence(s) held?**	
6. **What Airline do you work for (if applicable)?**	

7. **What type of aircraft do you fly?**		
☐ Chartered aircraft (non-scheduled)	☐ Fixed wing	☐ Rotary
☐ Private aircraft	☐ Fixed wing	☐ Rotary
☐ Commercial aircraft	☐ Fixed wing	☐ Rotary
8. **Medical:**	Date of last: / /	Date of next: / /
9. **Do you hold a current medical certificate?**		Yes ☐ No ☐
10. **Have you ever been grounded or had any licence invalidated for medical reasons?**		Yes ☐ No ☐

If yes, please provide details:

11. **What is the scope of protection required?**	☐ 24 hours, 365 days ☐ Working hours only	
12. **What period of insurance is required? (DD/MM/YY)**	From: / /	To: / /
13. **Are you currently insured for Loss of Licence?**		Yes ☐ No ☐
14. **Are you entitled to benefit from any other insurance?**		Yes ☐ No ☐
15. **Has any limitation or endorsement been imposed on any licence you hold or have held?**		Yes ☐ No ☐

If yes, please provide details:

Section 3 – Benefits

16. **What's benefits/sums insured are required?**

Death	$
Capitals (PTD, Limbs, Fingers, Toes etc.)	$
Weekly Accident	$
Excess Period (days)	
Benefit Periods (weeks)	

Weekly Sickness	$
Excess Period (days)	
Benefit Periods (weeks)	
Aggregate Limit of Liability	$
Aircraft Accumulation Limit	$

Section 4 – Acknowledgement

If "Yes" to any of the following questions, please provide details including name and address of doctors and hospitals if applicable.

17. **Have you ever had medical or surgical advice or treatment, or been hospital confined during the last 5 years?**	Yes ☐ No ☐	
18. **Have you ever been declined, loss of licence, accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?**	Yes ☐ No ☐	
19. **Have you every claimed under any loss of licence or accident and sickness insurance?**	Yes ☐ No ☐	
20. **Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?**	Yes ☐ No ☐	
21. **Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football, Soccer, Hazardous Activities**	Yes ☐ No ☐	
22. **Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, arthritis, paralysis, rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart?**	Yes ☐ No ☐	

23. **Are there any reasons that would cause you to consider yourself not presently in good health?**	Yes ☐ No ☐	

Section 5 – Claims History

24. **Have you previously been insured for this type of risk?** Yes ☐ No ☐

If yes, please provide an up to date claims experience and submit with this proposal form.

Broker Details

Name of Insurance Brokerage:	Name of Contact Person at Insurance Brokerage:
Email Address:	Contact Number:

Declaration

Privacy Declaration

I/We agree that, by submitting this form, the personal information I/we provide to Agile in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy, including providing quotation(s). Yes ☐

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this risk has been withheld. I/We understand that this risk may be refused if information is untrue, inaccurate or concealed. Yes ☐

Signed by:

Name of Contact Person:	On behalf of (insert name of firm):
Signature:	Date: (DD/MM/YY) / /