

The Applicant/s										
Name(s) in full										
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN					Taxable	%
Period of Insurance	From	/	/	to	/	/	at 4 p.m.			
Have you had any insurance declined or cancelled, or had special terms imposed by an insurer? If "Yes", please give details										Yes <input type="checkbox"/> No <input type="checkbox"/>
Business description										
Have you ever claimed on this Class of Insurance during the last 5 years? If "Yes", please give details										Yes <input type="checkbox"/> No <input type="checkbox"/>

Cover Required		
<b>Section A – Permanent Total Disability</b>		
Please complete "Pilot Schedule"		
<b>Section B – Temporary Total Disablement (Optional Cover)</b>	Cover Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
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		

Details of Insured's Business Activities	
(a) Please provide details of activities undertaken	
• Instruction (excluding ab-initio)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Ab-initio instruction	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Mustering (including baiting, shooting and feral animal control)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Aerial application (spraying and seeding)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Slung/lifting operations (and including fire-fighting and power line stringing)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Aerobatics	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Offshore work (including marine pilot transfer)	Yes <input type="checkbox"/> No <input type="checkbox"/>
or do you intend engaging, in any other activities such as: pylon racing, record attempts or speed trials, fish spotting, any form of flying involving abnormal hazards, experimenting with or testing of new parts, devices, design or aircraft types, or ultralight aircrafts. If so please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Do you fly outside Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>



# Pilot Declaration

Please photocopy and distribute for completion by all pilots to be insured.

Name of Pilot		Date of Birth	/	/
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## 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 attach full details including when and for what reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently fit and actively at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently smoke ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> Yes <input type="checkbox"/>
Lungs, asthma, tuberculosis or disorders of the respiratory system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Brain, Epilepsy or disorder of the central nervous system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Stomach, oesophagus or disorders of the digestive system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Head, back, neck or spine or any disorder of the musculoskeletal system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Depression, psychological, psychiatric or personality disorder?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Drug or alcohol dependence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Cancer or tumour?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Diabetes?	No <input type="checkbox"/> Yes <input type="checkbox"/>
HIV, AIDS or AIDS related conditions?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any Disorder of the Eyes or Ears?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hepatitis?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any hernia or associated condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Ulcers?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Arthritis or rheumatism?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Physical impairment or deformity?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of your last Aviation Medical	/ /
Has any limitation ever been endorsed on your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered 'Yes' to any of the above questions, please provide full details. (Attach on separate page)	

## 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 applicants.

I/We declare that all answers and statements made in the application are true, correct and complete in every respect.

Employee/Pilot's Signature  Date

Authorised Signature of Employer

Name  Position  Date

# 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](http://www.qbe.com) or contact the Compliance Manager by email [compliance.manager@qbe.com](mailto: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.

