

Group Aircrew Loss of Licence Insurance Application

The Applicant/s				
Name(s) in full				
Tax Status	Registered Business Yes No ABN Taxat	ole %		
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? Yes No				
Business description				
Have you ever claimed on this Class of Insurance during the last 5 years? If "Yes", please give details Yes No				
Cover Required				
Section A – Permanent Total Disability				
Please complete "Pilot Schedule"				
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				
Details of Insured's Business Activities				
(a) Please provide d	etails of activities undertaken			
Instruction (e	excluding ab-initio)	Yes No		
Ab-initio inst	ruction	Yes No		
Mustering (in	cluding baiting, shooting and feral animal control)	Yes No		
Aeiral applica	ation (spraying and seeding)	Yes No		
Slung/lifting	operations (and including fire-fighting and power line stringing)	Yes No		
Aerobatics		Yes No		
Offshore wor	k (including marine pilot transfer)	Yes No		
spotting, any for	engaging, in any other activities such as: pylon racing, record attempts or speed trials, fish m of flying involving abnormal hazards, experimenting with or testing of new parts, devices, types, or ultralight aircrafts. If so please provide details:	Yes No No		
(b) Do you fly outsid	le Australia?	Yes No		

QM2767-0910

Pilot Schedule

Name	Date of Birth	Fixed Wing or Rotor Wing	Annual Salary	Sum Insured Note – Sum Insured selected must not exceed the equivalent of 5 x annual gross earnings

Pilot Declaration

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

Medical Details Have you in the last 10 years suffered from any conditions which necessitated hospital attendance, or admission, or diagnosis, or treatment? Yes No	Name of Pilot		Date of Birth	/ /	
or diagnosis, or treatment? If yes please affact hull details including when and for what reason? Are you currently fit and actively at work? Do you currently smoke? Have you in the last 10 years received treatment or advice from a registered medical practitioner (including but not limited to a doctor, chiroptractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arbries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? No Yes Lungs, asthma, tuberculosis or disorders of the genito-urinary system? Roin, Epilepsy or disorder of the central nervous system? No Yes Brain, Epilepsy or disorder of the central nervous system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes Brain, Epilepsy or disorders of the digestive system? No Yes No Yes No Yes No Yes Any Josorder of the Sensor Ears? No Yes Any Disorder of the Eyes or Ears? No Yes Arthritis or rheumatism? No Yes No Yes Arthritis or rheumatism? No Yes No Yes No Yes No Yes No Yes	Medical Details				
Do you currently smoke? 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	or diagnosis, or treatment?			Yes No 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, arterias, high cholesterol or high blood pressure or disorders of the circulatory system? No	Are you currently fit and actively at work?			Yes No	
chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arferies, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? No ves Ridney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? No ves Stomach, oesophagus or disorders of the digestive system? No ves Head, back, neck or spine or any disorder of the musculoskeletal system? No ves Depression, psychological, psychiatric or personality disorder? No ves Drug or alcohol dependence? Cancer or tumour? No ves Diabetes? HIV, AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? Hepatitis? No ves Arthritis or rheumatism? Physical impairment or deformity? Date of your last Aviation Medical Flas any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fity or had your licence invalidated for any medical reasons? 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. Live declare that all answers and statements made in the application are true, correct and complete in every respect. Employee/Pilot's Signature X Date / / Authorised Signature of Employer X	Do you currently smoke ?			Yes No	
Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Prain, Epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? No					
Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? 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? Drug or alcohol dependence? Cancer or tumour? No ' Yes Diabetes? Any Disorder of the Eyes or Ears? Hepatitis? Any Disorder of the Eyes or Ears? No ' Yes Diders? Arrhitis or rheumatism? No ' Yes Date of your last Aviation Medical Have you ever been grounded, declared unfit to fity or had your licence invalidated for any medical reasons? Please remember we will treat a statement or claim or an act or omission by all applicants. I/W declare that all answers and statements made in the application are true, correct and complete in every respect. Employee/Pilot's Signature X Date Date Ty / Ty Date Date Ty / Ty Date Date Ty / Ty Date Ty / Ty Date Ty / Ty Date Ty / Ty Declaration and Authorisation Please remember we will treat a statement or claim or an act or omission by all applicants. I/W declare that all answers and statements made in the application are true, correct and complete in every respect.	Heart, arteries, high cholesterol or	high blood pressure or disorders of the circulatory system?	,	No Yes	
Brain, Epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? No ' Yes ' No ' No ' No ' Yes ' No ' No ' No ' Yes ' No ' No ' Yes ' No ' N	Lungs, asthma, tuberculosis or dis	corders of the respiratory system?		No Yes	
Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? 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 Drug or alcohol dependence? No Yes Dabetes? How AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? Hepatitis? Any Disorder of the Eyes or Ears? Hepatitis? Any Hemia or associated condition? Ves Any hemia or associated condition? Ulcers? Arthritis or rheumatism? Physical impairment or deformity? No Yes Has any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? Yes No 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 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 X	Kidney, bladder, liver, spleen, bowe	el or disorders of the genito-urinary system?		No Yes	
Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder? No Yes Drug or alcohol dependence? No Yes Drug or alcohol dependence? No Yes Diabetes? HIV, AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? Hepatitis? Any Disorder of the Eyes or Ears? Hepatitis? No Yes Any hernia or associated condition? No Yes Arrhritis or rheumatism? Physical impairment or deformity? No Yes Has any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? 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 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 X Date / / / Authorised Signature of Employer X	Brain, Epilepsy or disorder of the o	central nervous system?		No Yes	
Depression, psychological, psychiatric or personality disorder? No Yes Drug or alcohol dependence?	Stomach, oesophagus or disorder	s of the digestive system?		No Yes	
Drug or alcohol dependence? Cancer or tumour? No	Head, back, neck or spine or any	disorder of the musculoskeletal system?		No Yes	
Cancer or tumour? Diabetes? No Yes HIV, AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? No Yes Hepatitis? Any hernia or associated condition? No Yes Any hernia or associated condition? No Yes Arthritis or rheumatism? No Yes Physical impairment or deformity? Date of your last Aviation Medical / / Has any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? 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 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 X Date / / Authorised Signature of Employer X	Depression, psychological, psychi	atric or personality disorder?		No Yes	
Diabetes? HIV, AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? Hepatitis? Any hernia or associated condition? No Yes Arthritis or rheumatism? No Yes Arthritis or rheumatism? No Yes Arthritis or rheumatism? No Yes No Yes Arthritis or rheumatism? No Yes No Yes Arthritis or rheumatism? No Yes No Yes Arthritis or rheumatism? Physical impairment or deformity? No Yes No Yes No Yes Arthritis or rheumatism? Date of your last Aviation Medical / / / Has any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? Yes No 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 X Date / / / Authorised Signature of Employer X	Drug or alcohol dependence?			No Yes	
HIV, AIDS or AIDS related conditions? Any Disorder of the Eyes or Ears? Hepatitis? Any hernia or associated condition? No Yes Any hernia or associated condition? No Yes Any hernia or associated condition? No Yes Arthritis or rheumatism? No Yes Arthritis or rheumatism? Physical impairment or deformity? No Yes Physical impairment or deformity? No Yes Attentia any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? 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 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 X Date / / Authorised Signature of Employer X	Cancer or tumour?			No Yes	
Any Disorder of the Eyes or Ears? No	Diabetes?			No Yes	
Hepatitis? Any hernia or associated condition? No Yes No Yes Ulcers? No Yes Arthritis or rheumatism? No Yes Physical impairment or deformity? No Yes Date of your last Aviation Medical Has any limitation ever been endorsed on your licence? Have you ever been grounded, declared unfit to fly or had your licence invalidated for any medical reasons? 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 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 X Date / / Authorised Signature of Employer X	HIV, AIDS or AIDS related conditions?			No Yes	
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Authorised Signature of Employer X	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.				
	Employee/Pilot's Signature	Х	Date	/ /	
Name Position Date / /	Authorised Signature of Employer	Х			
	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** 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.

