



Pilots Accident Insurance Application

Policy No.	Client No.	Intermediary No.
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The Applicant/s											
Name(s) in full											
Tax Status	Registered Business	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ABN					Taxable	%	
Postal Address								State		Postcode	
Contact Numbers	Private	()			Business	()					
	Fax	()			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	M <input type="checkbox"/>	F <input type="checkbox"/>	Height	cm	Weight	kg
Are you a permanent resident of Australia?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Your occupation						
Describe your duties									
Type of Pilot's Licence currently held?									
If you are self-employed, how long have you been operating your current business?									

Aircraft Details (Please provide brief description of aircraft/s to be regularly flown during the next 12 months.)										
Make and model					Year of manufacture			Passenger seats		
Base from which you operate						Range of operation				

Flying experience in command (in hours)										
Total time					Single engine aircraft			Multi engine aircraft		
Last 12 months							Last 90 days			
Flying experience in regard to aircraft/s detailed above (Total hours)										
Flying experience in regard to aircraft/s detailed above (Last 90 days)										
Provide details of training courses attended in the last 2 years										

Has the Insured Person ever:									
– had their licence suspended or cancelled?								No <input type="checkbox"/>	Yes <input type="checkbox"/>
– been convicted of a breach of Air Navigation Safety Regulation?								No <input type="checkbox"/>	Yes <input type="checkbox"/>
– been involved in an aircraft accident in the last 5 years?								No <input type="checkbox"/>	Yes <input type="checkbox"/>
If you have answered 'Yes' to any of these questions, please provide details.									

Coverage Required

1. For full twenty-four hours cover, included whilst in flight? No Yes

2. For Flight Risks Only? No Yes

Note: 'Flight Risks Only' covers the Insured Person only whilst embarking, travelling in or disembarking from a civil registered aircraft unless specially agreed.

(a) Please provide approximate number of hours of flying in the next 12 months, associated with these activities:

- Private Pleasure (excluding business and professional use and for hire and reward)
- Business (includes use for private pleasure, business or professional use but not use for hire and reward)
- Commercial / Charter (includes private pleasure, business uses and the carriage of passengers, baggage accompanying passengers and cargo for hire and reward)
- Flying School (excluding instruction)
- Aero Club (excluding instruction)
- Instruction including ab-initio
- Instruction excluding ab-initio
- General Station Use (including baiting, shooting but excludes mustering)
- Mustering
- Aerobatics
- Parachute Operations
- Hire and/or Rental

or do you intend engaging, in any other activities such as: pylon racing, record attempts or speed trials, fish spotting or feral animal control, 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:

(b) Do you fly outside Australia? (Note: Cover under this policy is limited to Australia) No Yes

If 'Yes', please provide details of countries and period you will be operating outside of Australia.

Benefit Required

(a) Amount of insurance required is \$ _____ According to scale below

(b) Where Insurance is required in accordance with Scales C, D or E does the total weekly indemnity under all Life or other Personal Accident Policies carried on the Insured Person's life, including that now applied for, exceed the insured person's average weekly income? No Yes

Schedule of Compensation (in percentage of the Sum Insured)

	Scale A	Scale B	Scale C	Scale D	Scale E
1. Death	100%	100%	100%	100%	100%
2. Permanent total loss of sight of both eyes		100%	100%	100%	100%
3. Permanent total loss of sight of one eye		50%	100%	100%	100%
4. Loss of two limbs		100%	100%	100%	100%
5. Loss of one limb		50%	50%	50%	100%
6. Permanent total loss of sight of one eye and loss of one limb		100%	100%	100%	100%
7. Permanent total disablement (other than loss of sight of one or both eyes or loss of limb)				100%	100%
8. Total disablement (weekly benefit not exceeding 52 weeks/7 day excess)			0.5%	0.5%	1%
9. Partial disablement (weekly benefit not excluding 52 weeks/7 day excess)				0.125%	0.25%

Insurance and Medical Details

1. Has any application for accident insurance on your life ever been declined, modified, accepted at an increased premium, cancelled or refused renewal?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Have you ever claimed for benefits under any accident Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Will you be entitled to claim under any other existing or intended insurance from any other source providing for weekly benefits, workers' compensation or sick leave?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Have you ever received medical advice, consulted a doctor, undergone any medical treatment or investigations for high blood pressure or cholesterol; any heart complaint or problem; stroke, kidney, bowel bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. During the last 5 years, have you suffered from any physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer 'Yes' if only for colds and flu).	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Do you currently have any symptoms of injury or are you taking prescribed medication of any kind?	No <input type="checkbox"/> Yes <input type="checkbox"/>
7. Is there any likelihood of recurrence of any injury previously suffered or the possibility of you undergoing surgery or other treatment?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you have answered 'Yes' to any of the above questions, please give details including description of injury duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted.
If there is insufficient space, please attach details:

Activity Details

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, football (all codes), other body contact sports? If there is insufficient space, please attach details:	No <input type="checkbox"/> Yes <input type="checkbox"/>

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.

Third Party Interests

You must inform us of the interests of all third parties to be covered by this insurance. We will protect their interests only if you have informed us of them and we have noted them in the Certificate.

If the Premium is Payable by Instalments

You cannot claim under this Policy if at the time the injury occurred, any instalment of premium has remained unpaid for fourteen (14) days or more. We may cancel this Policy by giving notice immediately if any instalment of premium has remained unpaid for one (1) month or more. We will deduct from any claim paid or payable, any unpaid premium or instalment of premium.

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 on 02 9375 4656 or 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 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.