

APPLICATION FORM FOR LOSS OF LICENCE INSURANCE

IMPORTANT ADVICE TO ALL PROPOSERS

All Sections of the Proposal Form must be fully completed, even if it is for renewal of, or for an additional amount to, an existing insurance. All details of your medical history must be declared and should not be omitted because you have been declared fit or told that results of medical investigations have been satisfactory, or because you think, or have been advised, that they are irrelevant or immaterial.

If insufficient space provided please identify and attach separate sheet(s)

PERSONAL INFORMATION:

| | |
|----------|--------------|
| Surname: | First Names: |
|----------|--------------|

| | |
|----------|-----------------------|
| Address: | Date of Birth: |
| | Height: |
| | Weight: |
| | Weight 12 months ago: |

| |
|------------------|
| Flight Category: |
|------------------|

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|---|-----------------|
| 1. Employer: | |
| 2. Annual Salary; Flying Occupation: | |
| Any Non-flying Occupation: | |
| 3. Sum to be Insured: | Annual Premium: |
| 4. Inception of Insurance Cover: | |

FLYING DETAILS

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|---|--|
| 5. Licences held <i>(Detail types, numbers and issuing authorities)</i> | |
| 6. Type of Flying <i>(Last two years and in future)</i> | |
| 7. Are you a member of an aircrew association? <i>(if yes, please give details)</i> | |
| 8. Is this proposal for renewal or replacement or amendment of an existing insurance If yes, please give full details of any previous policy (i.e. Sum Insured, Name of Insurer, etc.) | |

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| <p>9. Are you entitled to benefit under any accident or illness insurance arranged by you or your employer?</p> <p>(Loss of licence, permanent health or aircrew disability insurance's to be included)</p> <p><i>If yes, please give full details</i></p> | |
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MEDICAL HISTORY

It is in your interest to declare all your medical history and not to omit any details because you think or your advisers (professional or otherwise) tell you it is irrelevant or immaterial. You should declare all conditions even though you have been declared fit. You should not omit to mention investigations where you have been told that the result is satisfactory. If you have no history to declare state NIL.

| | |
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| <p>10. Have you or any relative(s) had investigated, diagnosed or been treated for:</p> <p>a) any Psychiatric or nervous disorder (including Migraine). Epilepsy or any other form of convulsion or any loss of consciousness/ <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>b) any heart, blood pressure, stroke, circulatory or respiratory disorder? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>c) any condition involving eyes, ears, nose or throat, alimentary tract or genito - urinary system? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>d) any disorder of the blood or lymphatic system? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>e) any condition affecting the bones and/or joints (Including spinal conditions)? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>f) any disorder of the skin? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>g) Diabetes? <i>If yes, please give dates and full details</i></p> | <p>Yes/No</p> |
| <p>11. Have you ever suffered from any conditions which necessitated hospital attendance, or admission, or diagnosis, or treatment? <i>If yes, state when and for what reason</i></p> | <p>Yes/No</p> |
| <p>12. Please give dates and full details of any other medical condition, illness or injury which has been diagnosed and for which you have had treatment: <i>(Include accidents involving injury)</i></p> | |
| <p>13. Do you currently smoke?</p> | <p>Yes/No</p> |

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| 14. Have you ever been grounded or had your licence invalidated for medical reasons? <i>If yes, please give dates and full details</i> | Yes/No |
| 15. Has any limitation ever been endorsed on your licence? <i>If yes, please give dates and full details</i> | Yes/No |
| 16. Please give the date of your last electrocardiograph examination approved by the licence issuing authority: Were you advised of any abnormality revealed by this or any previous examination? <i>If yes, please give dates and full details</i> | |

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| 17. After or during a medical examination have you ever: | |
| a) been required to take additional tests? <i>If yes, please give dates and full details</i> | Yes/No |
| b) been referred for specialist examination? <i>If yes, please give dates and full details</i> | Yes/No |
| c) had the issue or renewal of your medical certificate deferred? <i>If yes, please give dates and full details</i> | Yes/No |
| d) had to return for examination at less than the normal interview time? <i>If yes, please give dates and full details</i> | Yes/No |
| e) been ordered to take drugs or follow any special diet? <i>If yes, please give dates and full details</i> | Yes/No |

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| 18. Are you aware of any deterioration in your general health, eyesight or blood pressure? <i>If yes, please give dates and full details</i> | Yes/No |
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| 19. Has any insurance company or underwriter: | |
| a) declined or deferred a proposal from you? <i>If yes, please give dates and full details</i> | Yes/No |
| b) charged or quoted more than standard rates? <i>If yes, please give dates and full details</i> | Yes/No |
| c) cancelled or declined to renew your insurance? <i>If yes, please give dates and full details</i> | Yes/No |

EXCEPTIONAL DANGERS

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|---|--------|
| 20. Do you wish to be covered for the following risks? <i>(If yes, completion of the supplementary questionnaire attached is required)</i> | |
| a) Skin diving | Yes/No |
| b) Rock climbing or mountaineering normally involving the use of ropes or guides? | Yes/No |
| c) Potholing? | Yes/No |
| d) Hang-gliding or parachuting? | Yes/No |
| e) Driving or riding in any kind of race or competition? | Yes/No |
| f) Any other occupations, sports, pastimes or activities which are likely to involve extra risks? | Yes/No |
| 21. Do you have a military licence / permit to fly? <i>If yes, please give full details of licence and type and frequency of flying involved</i> | Yes/No |

Duty to Disclose Material Information

Material Information is information that would influence an insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. Failure to disclose such information could result in the policy being rendered void so that claims would not be paid.

The duty of disclosure is re-imposed when there are changes or variations in cover and when the policy is renewed or extended. In addition, changes which substantially increase the risk, or relate to compliance with a warranty or condition in the policy must be notified at once.

To ensure that cover is not prejudiced, please refer to Aon if there is any doubt as to what information needs to be disclosed.

Declaration

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

Name: _____

Signature: _____ Date: _____

Please check if all questions are answered and that the form is signed, before sending it to:

Address: Jeurissen Consultants, P.O. Box 5085 6802 EB ARNHEM
Fax: +31 (0)26 376 34 64
E-mail: info@jeurissenconsultants.nl

ADDITIONAL RISKS QUESTIONNAIRE

| | |
|---|--|
| 1. Which Sport(s) Pastimes are involved? | |
| 2. Frequency? | |
| 3. Qualifications / Experience? | |
| 4. Is participation as an individual or as a Team-member? | |
| 5. Is participation regulated by a Governing Body? If so, which? | |
| 6. Is any element of competition involved? If so, is this supervised by the Governing body? | |

Name: _____

Signature: _____ Date: _____