

COMMERCIAL PILOT LOSS of LICENSE APPLICATION FORM

Personal Details:

Surname:	Forenames:
Title: (Captain/First Officer)	Gender:
Date of Birth: (DD/MM/YY)	Employer:
Nationality:	Annual Salary: (Euro €)
Location:	Full Postal Address:
Aircraft Type Rated:	

Details of Cover Required:

Plan Type: Permanent Loss of License Benefit	Total Benefit Amount: € _____		
Premium:	Annual Premium € _____	Government Levy € _____	Total € _____
Copy of Valid and Current Commercial Pilots Licence attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Currently Type Rated:	
Have you had your license temporarily withdrawn or suspended at any time in past 36 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details:		
Please provide details of any non-commercial flying except certified, factory manufactured light aircraft			
Have you been ill and unable to fly for more than 10 consecutive days in the last 3 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please provide details:	

Declaration:

I, the Life to be assured, and (if different) the Grantee, declare that to the best of my knowledge and belief all the statements made in this proposal are true and complete. I undertake to inform the Underwriters of any changes to these statements which occur before the contract completes and I understand that failure to do so may affect the validity of the contract.

Failure to disclose any material facts known to me may invalidate the contract. (A material fact is one that is likely to influence the Underwriters' acceptance or assessment of your proposal.)

Signature of Life to be Insured	
Date(s)	