

Loss of Licence Insurance

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360LOLPFV221



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Loss of Licence Insurance

Proposal Form

Important advice to all applicants

All sections of the application form must be fully completed. You should be aware that this insurance is subject to a comprehensive previous medical condition/disability exclusion in relation to all medical/health matters. The full definition of 'previous medical condition/ disability' is contained in the terms and conditions which appear in the policy wording, a copy of which can be obtained from 360 Accident & Health. To ensure that you have the coverage you require and that you understand the Scheme limitations, it is recommended that you study the terms and conditions.

You must declare full details of your medical history, including disabilities, illnesses and accidents together with the dates of such occurrences. You should not omit to disclose such details because you have been declared fit or have been told that the results of medical investigations are satisfactory, or because you think or have been advised that they are not relevant or material.

Your duty to take reasonable care not to make a misrepresentation to us

Duty to take reasonable care not to make a misrepresentation

All persons who will be an insured covered by the insurance (referred to as you, your) have a legal duty to take reasonable care not to make a misrepresentation to Us).

A misrepresentation includes a statement that is in any way false, misleading, dishonest or which does not fairly reflect the truth. e.g. a statement of fact that is not true, a statement of opinion that is not the subject of an honestly held belief or a statement of intent that never existed at the time provided.

We will not treat something as a misrepresentation merely because you failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

Answering our Questions

Answers to our questions help us decide whether to provide you with insurance and if so, on what terms. The duty must be complied with when answering them.

When answering our questions:

- + take reasonable care to make sure your answers are true, honest, up to date and complete in all respects. You may breach the duty if you answer without any care as to its truth or if you only guess or suspect the truth. If in doubt, pause the application and obtain the true facts before answering; and
- + if another person is answering for you, we will treat their answers as yours. In such a case you should check the questions have been answered correctly on your behalf by them.

When does the duty apply until?

This duty applies until the time we agree to issue you with insurance for the first time. It also applies where you are applying to renew, extend, vary/change, replace or reinstate your insurance, up until the time we agree to this.

If you have made a statement and this changes before the end of the above relevant time you must tell us about this change before the time ends.

What happens if you breach the duty?

If you do not meet the duty, to the extent permitted by law, we may reject or not fully pay your claim. We may also, or as an alternative, cancel your insurance or if the misrepresentation was fraudulent, treat it as if it never existed.

A misrepresentation made knowingly by you without belief in its truth or recklessly without caring whether it is true or false can be fraudulent.

How we determine if there has been a breach?

A breach is determined having regard to all relevant circumstances.

Without limiting the above, the following matters may be taken into account in determining whether you have taken reasonable care not to make a misrepresentation:

- + the type of this consumer insurance contract and its target market;
- + explanatory material or publicity produced or authorised by us;
- + how clear, and how specific, any questions asked by us were;
- + how clearly we communicated to you the importance of answering those questions and
- + the possible consequences of failing to do so;
- + whether or not an agent was acting for you; and
- + whether the contract was a new contract or was being renewed, extended, varied or reinstated.

We must also take account of any particular characteristics or circumstances about you which we were aware of, or ought reasonably to have been aware of.

If we believe the duty is breached, we will at least explain why, we consider any response to the contrary and provide information on our dispute resolution procedures if we can't agree.

Need more help?

If any question or guidance provided is not clear or you need additional assistance, you can contact your agent/broker in the first instance and/or contact us or go to <https://www.360uw.com.au/accidentandhealth>.

Section 1

Title or rank:

Surname:

First name(s):

Date of birth:

Permanent Address:

Tel no:

Email:

Male

Female

Preferred contact method:

Email

Phone

Both

Flying licences held (list all types (CPL, ATPL etc. - country of issue and numbers)

Section 2

Employer

Is this application new

or for an increased sum insured

Requested inception date of insurance cover

Annual salary

Currency

Sum to be insured

Full time

Part time

Self employed/freelance

Section 3

1. Would you like to add sports cover?

Yes

No

2. Would you like to add temporary benefit (TTD) cover?

Yes

No

If Yes, please select one of the following TTD options:

a. 24 months with 180 day excess

b. 24 months with 120 day excess

c. 24 months with 90 day excess

Section 4

- Have you ever been grounded or had a licence invalidated for medical reasons? Yes No
1. Has any limitation ever been endorsed of any of your licenses? Yes No
2. Has any insurance company or underwriter:
- a. declined or deferred a proposal from you? Yes No
 - b. charged or quoted more than standard rates? Yes No
 - c. imposed an exclusion or waiver on your insurance cover? Yes No
 - d. cancelled or declined to renew your insurance? Yes No

If you have answered Yes to any of the above, please give full details in section 11.

Section 5

Are you entitled to any other loss of licence insurance arranged by you, your association or your employer? Yes No

If Yes, please give full details below (sum insured, multiples of salary etc.)

Section 6

Please give the date of your last electrocardiograph examination approved by your licence issuing authority:

Date: Month: Year:

Were you advised of any abnormality revealed by this or any previous examination? Yes No

If you have answered Yes to any of the above, please give full details in section 11.

Section 7

State your height (cms)

and present weight (kilos)

and your weight 12 months ago (kilos)

Section 8

1. Have you ever suffered from any conditions or illnesses which necessitated hospital attendance, admission, diagnosis or treatment? Yes No
2. After or during a medical examination have you ever:
- a. been required to take additional tests? Yes No
 - b. been referred for specialist examination? Yes No
 - c. had the issue or renewal of your medical certificate deferred? Yes No
 - d. had to return for examination at less than the normal interval? Yes No
 - e. been ordered to take drugs or follow any special diet? Yes No
3. Are you aware of any deterioration in your general health, eyesight or blood pressure? Yes No

If you have answered Yes to any of the above, please give full details in section 11.

Section 9

Have you ever been investigated, diagnosed or been treated for:

1. any psychiatric or nervous disorder (incl. migraine), epilepsy or any other form of convulsion or loss of consciousness? Yes No
2. any heart, blood pressure, stroke, circulatory or respiratory disorder? Yes No
3. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system? Yes No
4. any disorder of the blood or lymphatic system? Yes No
5. any condition affecting bones and/or joints, incl. spinal conditions? Yes No
6. any disorder of the skin? Yes No
7. diabetes? Yes No

If you have answered Yes to any of the above, please give full details in section 11.

Section 10

Do you participate in the following, or any other, sports or pastimes involving extra risks – such as skin diving, rock climbing or mountaineering, potholing, hang-gliding or parachuting, driving or riding in race or competition? Yes No

Please fill in section 10 **only** if you have not selected to add sports cover in section 3. If you have selected sports cover, all sporting activities are covered.

If you have answered Yes to any of the above, please give full details in section 11.

Section 11

Additional information (use additional paper if necessary)

Section number	Details

Declaration



This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s). Before completing this document, I/We have read and understood the information herein, including the Important Notices. The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have taken reasonable care not to make any misrepresentation that is false, misleading, dishonest or does not fairly reflect the truth. I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information. I/We understand that, if accepted, cover will be provided subject to terms and conditions set out in the Policy and not necessarily this proposal. I/We acknowledge that insurance has not been placed until 360 Accident and Health has confirmed acceptance of the proposed insurance.

Signature	<input type="text"/>
Name	<input type="text"/>
Position/Title	<input type="text"/>
Date	<input type="text"/>



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