

Loss of training expenses insurance for trainee pilots 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 Millstream Global Flying. 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 take care in answering all the following questions and you must declare full details of your medical history, including disabilities, illnesses and accidents together with the dates of such occurrences, all of which are relevant to our providing this insurance and setting the terms and premium. You should not omit to disclose medical history 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. If you have no medical history to declare state NIL. If you do not understand any question or the nature of the information required please seek guidance from us or your broker.

Your failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

Please return your completed application form to policies@globalflyingservices.com

Section 1

Title	<input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Permanent address	<input type="text"/>
Tel no	<input type="text"/>
Email	<input type="text"/>

Male Female

Preferred contact method Email Phone Both

Licence type/rating being trained for

Are you or your guarantor personally liable for the training costs? Yes No

Section 2

Course organiser	<input type="text"/>
Course start date	<input type="text"/>
Duration of course (weeks/months)	<input type="text"/>
Requested inception date of insurance cover	<input type="text"/>
Currency	<input type="text"/>
Sum to be insured (not exceeding training costs)	<input type="text"/>
Loan provider	<input type="text"/>

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Section 3

1. 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 dates and full details in section 8.

Section 4

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 dates and full details in section 8.

Section 5

State your height (cms)
present weight (kilos)
your weight 12 months ago (kilos)

Section 6

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 dates and full details in section 8.

Section 7

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 dates and full details in section 8.

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Data Protection Act

By signing this proposal form you consent to Millstream using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I declare that the information disclosed on this proposal, is to the best of my knowledge and belief both accurate and complete. I have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

I agree to tell you within 14 days of becoming aware about any changes in the information I have provided to you which happens before or during any period of insurance. We or your broker will tell you if any change affects your policy. For example your policy may be cancelled or the policy terms may be amended or you may be required to pay more for your insurance. If you do not inform us or your broker about a change it may affect any claim you make or could result in your insurance being invalid.

Signature

Date

The insurer reserves the right to refuse to accept an application for insurance, or to impose special conditions.

Please return your completed application form to policies@globalflyingservices.com

A copy of this proposal should be retained for your records.

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