



Loss of License Proposal

Full Name **Date of Birth**

Address

.....

.....

Height **Weight** **Current Occupation**

Annual Salary (Gross) NZ\$

1. Do you suffer from defective hearing or vision? **Yes / No**

a) If yes, to what extent? Please give details.

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2. Have you ever suffered from hernia, lower back strain, disc lesion or other physical defect of a chronic or recurring nature? **Yes / No**

a) If yes, please give details.

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3. Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, alcoholism, drug addiction or other illness or organic weakness or a chronic or recurring nature? **Yes / No**

a) If yes, please give details.

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4. Have you undergone or have you any reason to believe you may need to undergo a surgical operation? **Yes / No**

a) If yes, please give details.

5. Have any accidents or illnesses prevented you from attending to your business or occupation for periods of more than 14 days during the past three years? **Yes / No**

a) If yes, please give details.

6. Please provide:

a) Category of licenses held and the dates that they were issued

b) Details of any endorsements / waivers on licence held

c) Date of last E.C.G. examination

d) Full details of any abnormality, if any, arising from your last E.C.G. examination

7. Apart from any matter you have already described, are you now in and do you generally enjoy good health? **Yes / No**

a) If no, please give details.

8. Have you ever been declined or accepted on special terms, for life, or illness insurance, or have Lloyd's Underwriters or any Company ever cancelled or declined to renew your policy? **Yes / No**

a) If yes, please give details.

9. Declaration

To the best of my knowledge and belief I am free from any physical defect or infirmity and the information provided in connection with this proposal is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation or a material fact may entitle Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it.)

I understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I further understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance.

Signature of the Person to be Insured (if other than the Proposer)

Dated

Additional Risks Questionnaire

1. Which Sport(s) Pastimes are involved?

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2. Frequency?

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3. Qualifications / Experience?

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4. Is participation as an individual or as a Team-member?

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5. Is participation regulated by a Governing Body? If so, which?

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6. Is any element of competition involved? If so, is this supervised by the Governing body?

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Full Name

Signed Dated

Loss of Flying Licence Insurance

Proposer

Further to proposal dated would you please supply the following additional information;

A. During the last 12 months

- i) The number of hours flown
- ii) For whom
- iii) Area(s) of operation
- iv) Remuneration Derived
- ii) Was all the remuneration derived from flying activities? **Yes / No**
If not, please details the amount derived - a. solely from flying
b. from other sources

B. In the forthcoming 12 months

- iii) The number of hours anticipated to be flown
- v) For whom
- vi) Area(s) of operation
- vii) Remuneration Derived
- iv) Was all the remuneration derived from flying activities? **Yes / No**
If not, please details the amount derived - a. solely from flying
c. from other sources

Signed Dated