



WHOLESALE INSURANCE SERVICES

Subsidiary of Aviation Co-operating Underwriters Pacific Limited

PERSONAL ACCIDENT AND ILLNESS DECLARATION

PROPOSER / INSURED:

I hereby declare that except as stated below there is no change in the information contained in my proposal form dated.....

Signed.....

Dated.....

In the event of any changes the company regards as material, further particulars or the completion of a new proposal form may be required.