

# TRAFFORDS LIMITED PROPOSAL FORM FOR LOSS OF LICENCE INSURANCE

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## IMPORTANT ADVICE TO ALL PROPOSERS

*All Sections of the Proposal Form must be fully completed, even if it is for renewal of, or for an additional amount to, an existing insurance. All details of your medical history must be declared and should not be omitted because you have been declared fit or told that results of medical investigations have been satisfactory, or because you think, or have been advised, that they are irrelevant or immaterial. Failure to disclose material information may invalidate the policy.*

## PERSONAL INFORMATION

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Weight 12 months ago: \_\_\_\_\_

1. Employer & Flight Category: \_\_\_\_\_

2. Annual Salary; \_\_\_\_\_ Flying Occupation: \_\_\_\_\_  
Any Non-flying Occupation: \_\_\_\_\_

3. Sum to be Insured: \_\_\_\_\_

4. Date you require Insurance Cover (no cover is in force until agreed in writing) : \_\_\_\_\_

## FLYING DETAILS

5. Licences held (*Detail types, numbers and issuing authorities*)  
\_\_\_\_\_  
\_\_\_\_\_

6. Type of Flying (*Last two years and in future*)  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you a member of an aircrew association? Yes  No   
*If yes, please give details*

8. Is this proposal for renewal , replacement  or amendment  of an existing insurance?

9.

Are you entitled to benefit under any accident or illness insurance arranged by you or your employer?

*If yes, please give details*

Yes  No

## MEDICAL HISTORY

***It is in your interest to declare all your medical history and not to omit any details because you think or your advisers (professional or otherwise) tell you it is irrelevant or immaterial. You should declare all conditions even though you have been declared fit. You should not omit to mention investigations where you have been told that the result is satisfactory. If you have no history to declare state NIL.***

10. Have you or any relative(s) had investigated, diagnosed or been treated for:

*(If yes, please give full details)*

- a) any Psychiatric or nervous disorder (including Migraine)  
Epilepsy or any other form of convulsion or any loss of consciousness ? Yes  No
- b) any heart, blood pressure, stroke, circulatory  
or respiratory disorder ? Yes  No
- c) any condition involving eyes, ears, nose or throat, alimentary  
tract or genito - urinary system ? Yes  No
- d) any disorder of the blood or lymphatic system ? Yes  No
- e) any condition affecting the bones and/or joints?  
*(Including spinal conditions) ?* Yes  No
- f) any disorder of the skin ? Yes  No
- g) Diabetes ? Yes  No

11. Have you ever suffered from any conditions which necessitated hospital attendance,  
or admission, or diagnosis, or treatment?

*(If yes, state when and for what reason)*

Yes  No

12. Please give dates and full details of any other medical condition, illness or injury which has been diagnosed  
and for which you have had treatment:

*(Include accidents involving injury)*

13. Do you currently smoke?

Yes  No

14. Have you ever been grounded or had your licence invalidated for medical reasons?  
*(If yes, please give dates and full details)* Yes  No

15. Has any limitation ever been endorsed on your licence?  
*(If yes, please give dates and full details)* Yes  No

16. Please give the date of your last electrocardiograph examination approved by the licence issuing authority:  
  
Were you advised of any abnormality revealed by this or any previous examination?  
*(If yes, please give dates and full details)* Yes  No

17. After or during a medical examination have you ever:  
*(If yes, please give dates and full details)*

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 interview time ? Yes  No

e) been ordered to take drugs or follow any special diet ? Yes  No

18. Are you aware of any deterioration in your general health, eyesight or blood pressure?  
*(If yes, please give dates and full details)* Yes  No

19. Has any insurance company or underwriter ?  
*(If yes, please give dates and full details)*

a) declined or deferred a proposal from you ? Yes  No

b) charged or quoted more than standard rates ? Yes  No

c) cancelled or declined to renew your insurance ? Yes  No

## EXCEPTIONAL DANGERS

20. Do you wish to be covered for the following risks ? <i>(If yes, completion of the supplementary questionnaire attached is required)</i>	
a) Skin diving	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Rock climbing or mountaineering normally involving the use of ropes or guides ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Potholing ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Hang-gliding or parachuting ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Driving or riding in any kind of race or competition ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Any other occupations, sports, pastimes or activities which are likely to involve extra risks ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. Do you have a military licence / permit to fly? <i>(If yes, please give full details of licence and type and frequency of flying involved).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## DECLARATION:

**I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct, and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.**

**It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.**

Name:

Signature:  Date:

## ADDITIONAL RISKS QUESTIONNAIRE

1. Which Sport(s) Pastimes are involved ?

2. Frequency ?

3. Qualifications / Experience ?

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

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

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

Name:

Signature:

Date: