

## Group Loss of Licence Questionnaire

**Please note:**

Hiscox Global Flying require certain basic risk information to quote or indicate terms for coverage on a group basis. Please complete and return this questionnaire with an electronic copy of pilot schedule (if available) inclusive of dates of birth, annual salaries and sum insured required.

### Section 1

#### Company details

Company name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone number	<input type="text"/>
Email	<input type="text"/>
Type of flying operations	<input type="text"/>

### Section 2 Aircrew

1. Please state the number of aircrew presently employed, categorised by age group and rank

Age band	Captains	First Officers	Second Officers	Flight Engineers
Age up to 29				
30 to 34				
35 to 39				
40 to 44				
45 to 49				
50 to 54				
55 to 59				
60 to 64				

2. What was the total number of aircrew employed by the company in each of the previous 4 years?

Year	Total number of aircrew
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Please state the normal retirement age

4. Please give details of salary scales by age

Age band	Salary scales
Age up to 29	
30 to 34	
35 to 39	
40 to 44	
45 to 49	

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50 to 54	
55 to 59	
60 to 64	

### Section 3 Other cover

Please give details of other loss of licence or similar cover provided by the company

Type of policy	Amount of cover

### Section 4 Licensing standards

1. Details of national licensing standards for all age groups

Age band	Medical frequency	ECG frequency
Age up to 29		
30 to 34		
35 to 39		
40 to 44		
45 to 49		
50 to 54		
55 to 59		
60 to 64		

2. Are any of the following tests required by the licensing authority?

Electroencephalograph (EEG)      Yes  No

Stress ECG      Yes  No

Personality      Yes  No

3. Does the licensing authority allow any medical waivers, such as cardiac by-pass, betablockers, insulin dependence, etc? If so, please give full details

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### Section 5 Loss history

1. Please give details of licences lost by your aircrew in the past five years

Year	Cause	Age	Sum insured

2. Are there any aircrew currently unfit for flying duties who may lose their licence permanently?

Yes  No

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If Yes, please advise ages and nature of the medical problem.

Signature

Printed name

Date

Position