

Pilot history form attachment



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please return to aviation.admin@qbe.com or as advised by your underwriter or broker.

Name of aircraft owner or name of insured					
Pilot full name					
Email address					
Date of birth (dd/mm/yyyy)					
Pilot address				State	Postcode

Employment history

Employer	Date employed (dd/mm/yyyy)	Occupation If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentage of your total time spent on non pilot related duties
Pilot licence no.		

Pilot history

Licence Details

Aviation Reference Number (ARN):

Tick as appropriate:

Licence Type	Recreational pilot licence	Private pilot licence	Commercial pilot licence
	Multi crew pilot licence	Air transport pilot licence	Student pilot licence
Class of aircraft	Single-Engine Aeroplane	Multi-Engine Aeroplane	Single-Engine Helicopter
Ratings and Endorsements	Instrument Rating	Night VFR Rating	Aerobatics Endorsements
	Aerial Application Rating	Flight Instructor Rating	Flight Examiner Rating
Are you current in all ratings, classes and licence types indicated?			Yes No
If no, please confirm which ratings, classes and licences are not current.			

Design feature endorsements

Tick as appropriate:

Aeroplane	Tailwheel undercarriage	Tailwheel total time?	
	Retractable undercarriage	Retractable total time?	
	Floatplane	Floatplane total time?	
Helicopters	Float alighting gear	Retractable Undercarriage	
Medical	Class 1	Class 2	Class 3
	Recreational aviation medical practitioners certificate (RAMPC)		Other (please specify):

Aircraft type ratings

Aircraft make and model	Year rating was obtained.	Total time make and model	Make and model time past 12 months

Experience

Aeroplane	Total Time	Past 12 months	Past 90 days
Single Engine			
Multi Engine			
Total			

Helicopter	Total Time	Past 12 months	Past 90 days
Single Engine			
Multi Engine			
Total			

Aircraft Types Flown	Total Time	Past 12 months	Past 90 days

Name of organisation providing proficiency check flight and/or training

Are you or your company enrolled in any recurrent Flight Training Program? Yes No

If yes, specify make and model aircraft, the facility affording the training, their location and number of recurrent training completed annually by you.

Do you have any physical impairments or do you have any waivers, limitation or conditions attached to your medical certificate? Yes No

If yes, please give details

Has your CAA or Dot or Pilot Licence ever been suspended or revoked? Yes No

If yes, please give details

Have you ever been charged for any breaches of CAA regulations? Yes No

If yes, please give details

Arising out of the operation of a motor vehicle, have you ever had your driver's licence suspended or revoked? Yes No

If yes, please give details

Have you ever been convicted of or pleaded guilty to a charge of reckless driving under the influence of alcohol or drugs? Yes No

If yes, please give details

Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?

If yes, please give details

Have you ever had any aircraft accidents/incidents while acting as Pilot? (Last 5 years)

If yes, give dates, places, make and model of aircraft, and details of accident(s)

Have you lodged an aviation claim in the last five years?

Please give date(s) of claim(s) and circumstances

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Pilot's signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Insured's signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>