

Note: Winter Sports is included within the Annual Multi-Trip Certificate for up to 17 days in total at no additional premium

Winter Sports: Yes No

Extended to include Section 9 Business supplement cover:

Yes No

Extended to include Private/Pleasure piloting:

Yes No

Extended to include Private Pilots Licence course:

Yes No

Extended to include Engineering manual work:

Yes No

Extended to include unaccompanied children:

Yes No

To exclude Section 4 Baggage and Personal Effects:

Yes No

If you answered 'Yes' to Private piloting, PPL course, Engineering manual work, unaccompanied children, please provide full details

Questions

1. Have you claimed or suffered a travel insurance loss in the last 12 months?

Yes No

2. Are you presently covered for travel insurance?

Yes No

If you answered 'Yes' to question 1 and/or 2 please provide additional information

3. Please confirm that all Insured Persons are domiciled in the United Kingdom?

Yes No

Medical Declaration

The Certificate does not cover claims arising from any pre-existing medical conditions unless it is declared and accepted by underwriters. You will be advised if there is an additional premium to be paid and terms of cover will be confirmed to you in writing.

If the answer is 'Yes' to any of the following questions or you are over the age of 65, please complete the Health Questionnaire:

For the purpose of this insurance a pre-existing medical condition is a condition for which you or anyone on whom the trip may depend, answers 'Yes' to any of the following questions:

If during the two years prior to the commencement of cover under this Certificate you or anyone on whom the trip may depend has received or been referred for any treatment surgery, investigations or follow-ups at any hospital, surgery or clinic for any of the following medical conditions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. asthma requiring inpatient treatment, bronchitis, any other lung or respiratory condition, cancer, any growth or form of malignancy, diabetes mellitus, epilepsy or fits, any kidney or bladder disorder, any mental or psychological condition; or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. any other medical condition that is ongoing or from which you have suffered symptoms requiring inpatient treatment during the two years prior to the commencement of cover under this Certificate and/or any trip; or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. diabetes – where other issues or medical conditions have arisen as a result of the condition; or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. blood pressure – where other cardiovascular conditions are present; or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. high cholesterol – where other cardiovascular conditions are present. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If at any time prior to the commencement of cover under this Certificate you or anyone on whom the trip may depend has ever received or been referred for any treatment, surgery, investigations or follow-ups at any hospital, surgery or clinic for any of the following medical conditions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Cardiovascular problems, other heart condition, hypertension or any cerebrovascular problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

The Certificate wording will not offer any cover, if you or anyone on whom the trip may depend:

1. is travelling against medical advice.
2. is travelling for the purpose of receiving medical treatment.
3. is aware of any medical condition which could reasonably be expected to lead to a claim
4. is pregnant within ten (10) weeks of the estimated date of delivery, or childbirth.
5. is diagnosed with a terminal condition (including a person travelling with you or a relative).

Declaration

I/we have no knowledge or information of any material matter, fact or circumstances (not being a matter of common knowledge of which underwriters ought, in the ordinary course of business, to know independently) likely to give rise to a loss hereunder. I/we hereby declare that to the best of my/our knowledge and belief, all answers are correct and accurately recorded.

Your duty in relation to the questions asked

In arranging your insurance, both we and your insurers will ask a number of questions which you are required to answer. Your insurance is a “consumer insurance contract” for the purposes of the Consumer Insurance (Disclosure and Representations) Act 2012 (the “Consumer Act”). That means it is an insurance wholly or mainly for purposes unrelated to your trade, business or profession. Under the Consumer Act, you have a duty to take reasonable care not to make a misrepresentation to the insurers.

Please note that any information provided to us shall be passed on to the insurers and we will not take any responsibility for the accuracy or completeness of such information. Please take reasonable care to answer all the questions asked by your insurers and us, whether through a proposal form or otherwise, honestly, to the best of your knowledge, and provide complete, accurate and relevant details. If you make a misrepresentation to your insurers (whether innocently or otherwise), your insurers may be entitled to impose additional policy terms, or to reduce a claim payment, or even to cancel the policy and refuse all claims. If you make a deliberate or reckless misrepresentation, your insurers may cancel the policy and refuse all claims, and in these circumstances your insurers will be entitled to retain any premium paid by you. You should note that failure to comply with your insurers’ request at renewal to confirm or amend particulars you have previously given may amount to misrepresentation which could prejudice your insurance cover in whole or in part.

Your Data Matters

We know how important data privacy is to you and we want to make sure you are clear on why and how we collect, handle, store and transfer personal data; what your rights are and how they can be exercised.

With the introduction of the Europe-wide General Data Protection Regulation (GDPR) and the UK Data Protection Act in May 2018, we have reviewed what information we process and how we process such information so you can be confident that we’re processing information appropriately and securely.

You can view our full privacy policy at www.jltspecialty.com/your-data or request a copy by writing to us at Hayward Aviation, The St Botolph Building, 138 Houndsditch, London EC3A 7AW.

Your personal information

We and insurers need your consent to use sensitive details about you contained within this questionnaire in connection with your insurance cover.

You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent the provision of cover for you or handling your claims.

Do you consent to the use of data and information about your health in connection with your insurance cover? Yes No

Other people's details you provide to us

Where you provide us with details about other people, we and insurers also need their consent to use the sensitive details contained within this questionnaire in connection with your insurance cover.

We need you to make sure that you have obtained their consent before you provide those details to us.

Have you obtained the consent of each other person whose information you will provide to us in connection with your insurance cover to the use of data and information about their health in connection with your insurance cover? Yes No

Signed:

Date:

Name:

Thank you for taking your time to complete this risk questionnaire.
The information will be used for insurance purposes only.



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