



Travel Insurance (Commercial)



It is your duty to make a fair presentation of the risk and to disclose all material circumstances. Before completing this risk questionnaire, please read the section entitled "Your legal duty to disclose information to us and insurance companies" on the last page of this document.

About you

Name of Insured:

Are you or any of the Insured persons a US National/Citizen or currently domiciled in the USA? Yes No

If Yes, please state name(s) of all persons (Insurers may request further information and/or impose policy limitations, subject to your responses)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Address:

Postcode: Tel:

Mob: Email:

Business description:

Start date: End date: both dates inclusive

Cover Option required? *(Please tick one box)*

Annual Multi-Trip
Single Trip:

Your intended destination? *(Please tick one box)*

Area 1 - United Kingdom (refer to Certificate Summary)
Area 2 - Europe (refer to Certificate Summary)
Area 3 - Worldwide excluding USA and Canada
Area 4 - Worldwide including USA and Canada

Insured Person(s)	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

Signed:

Date:

Name:

Your legal duty to disclose information to us and insurance companies

You must be aware of the duty of fair presentation, which is the duty of disclosure in relation to insurance, and the potentially severe consequences of its breach. The duty of fair presentation under the laws of England and Wales, Scotland and Northern Ireland is a duty to provide to the insurers:

- disclosure of every material circumstance which the insured knows or ought to know, or
- failing that, disclosure which gives the insurers sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purposes of revealing those material circumstances

in a manner which would be reasonably clear and accessible to a prudent insurer. This means that careful thought must be given to the manner in which information is presented.

A material circumstance is one which would influence the judgment of a prudent insurer (not necessarily the insurers in question) in determining whether to take the risk and, if so, on what terms. Examples of such circumstances could be the detail of any past aviation claims or accidents that you or other pilots who will be covered by this policy have been involved in, regardless of whether or not a claim was made i.e. accidental third party property damage, which you may have decided to pay for yourself, instead of making a claim. Please note that these examples are for illustrative purposes only and are by no means exhaustive or conclusive.

It is important to understand who in your business has "knowledge" for the purposes of this duty:

- If you are an individual, you will be presumed to know what you actually know and what is known by the individuals responsible for your insurance (such as your broker);
- If you are a corporate entity, you will be presumed to know what is known by the business' "senior management" and the individuals responsible for its insurance (such as your risk management team and your broker).

We will seek to agree with insurers in advance of any placement whose "knowledge" counts for the purposes of the duty, and will in any event provide you with guidance on this.

Please note that you will be treated as knowing:

- material circumstances of which you (or the relevant persons identified above) have actual knowledge;
- material circumstances which you suspect but you have deliberately refrained from confirming or enquiring about; and
- material circumstances about which you ought to know (i.e. circumstances which should reasonably have been revealed by a reasonable search of information available to you).

This means that in some circumstances the responsible individuals will be required to make enquiries, and the information (and therefore the scope of those enquiries) may not necessarily be limited to that held by the business. We will provide advice and guidance on the nature and extent of searches that may be required to comply with the duty.

The duty of fair presentation continues up until the insurance has been concluded and 'resurrects' in the event of any amendment to the risk during the policy period or extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or conditions which effectively extend certain disclosure obligations post inception of the policy.

In completing a risk questionnaire or claim form or any other material document relating to an insurance policy and in providing information to or for insurers, the accuracy and completeness of all answers, statements and/or information is the policyholder's own responsibility and it is of paramount importance that all relevant information is provided and that it is accurate. Should you so require, you may request that we assist you by providing examples of matters which ought to be disclosed as being material or arguably material circumstances, in general terms, or specific to your risk from the knowledge we gain from working with you to understand your risk.

In the event that there is a breach of the duty of fair presentation, the insurers are generally limited to "proportionate remedies", linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of claims where a higher premium would have been charged. In circumstances where the Insurer would not have entered into the contract on any terms it can avoid the contract and refuse all claims, but must return the premium. If the breach is deliberate or reckless the insurer can avoid the policy, refuse all claims and keep the premium.

The duty of disclosure and the consequences of its breach may vary from that stated above, dependent upon the law(s) of which country is applicable to the insurance. If you have instructed us to place cover governed by the laws of a country other than England, Wales, Scotland or Northern Ireland we recommend that you obtain advice as to your obligations under the relevant law. If you are not sure about which law applies to your chosen policy, please refer to your normal contact.

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

Thank you for taking your time to complete this risk questionnaire.

The information will be used for insurance purposes only.



HAYWARD AVIATION IS A TRADING NAME OF JLT SPECIALTY LIMITED
THE ST BOTOLPH BUILDING • 138 HOUNSDITCH • LONDON EC3A 7AW
TELEPHONE: 020 7902 7800 • FAX: 020 7928 8040

JLT SPECIALTY LIMITED IS A COMPANY REGISTERED IN ENGLAND • REGISTERED OFFICE AS ABOVE • COMPANY NO 01536540 • VAT NO 244 2321 96
A MEMBER OF THE JARDINE LLOYD THOMPSON GROUP • AUTHORISED AND REGULATED BY THE FINANCIAL CONDUCT AUTHORITY

