

**Supplementary Loss of Licence Insurance for Air Traffic Control Officers (members of ATM-PP)****PROPOSAL FORM****Important advice to all applicants**

All sections of the application form must be fully completed. You should be aware that this insurance is subject to a comprehensive previous medical condition/disability exclusion in relation to all medical/health matters. The full definition of 'previous medical/condition/disability' is contained in the terms and conditions which appear in the policy wording, a copy of which can be obtained from ATM-PP. To ensure that you have the coverage you require and that you understand the program limitations, it is recommended that you study the terms and conditions.

You must declare full details of your medical history, including disabilities, illnesses and accidents together with the dates of such occurrences. You should not omit to disclose such details because you have been declared fit or have been told that the results of medical investigations are satisfactory, or because you think or have been advised that they are not relevant or material.

**Failure to disclose material information may invalidate this insurance.**

<b>Section 1</b>	Surname	<input type="text"/>
	First name(s)	<input type="text"/>
	Date of birth	<input type="text"/>
	Fiscal code	<input type="text"/>
	ATM-PP member reference	<input type="text"/>
	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>

ATC Licences held (type – number)

<b>Section 2</b>	Trade Association	<input type="text" value="ATM-PP"/>
	Requested inception date of insurance cover	<input type="text"/>
	Sum to be insured	<input type="text"/>

**Section 3**

Have you ever been grounded or had a licence invalidated for medical reasons?

Yes  No

1. Has any limitation ever been endorsed on any of your licences?

Yes  No

2. Has any insurance company or underwriter

a) Declined or deferred a proposal from you?

Yes  No

b) Charged or quoted more than standard rates?

Yes  No

c) Imposed an exclusion or waiver on your insurance cover?

Yes  No

d) Cancelled or declined to renew your insurance?

Yes  No

**If you have answered Yes to any of the above, please give full details in section 7.**

**Section 4**

Have you or either of your natural parents had investigated, diagnosed or been treated for:

1. any psychiatric or nervous disorder (incl. migraine), epilepsy or any other form of convulsion or loss of consciousness?

2. any heart, blood pressure, stroke, circulatory or respiratory disorder?

Yes  No

3. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system?

Yes  No

4. any disorder of the blood or lymphatic system?

Yes  No

5. any condition affecting bones and/or joints, incl. spinal conditions?

Yes  No

6. any disorder of the skin?

Yes  No

7. diabetes?

Yes  No

**If you have answered Yes to any of the above, please give full details in section 7.**

**Section 5**

Are you entitled to any other Loss of Licence insurance arranged by you?

Yes  No

If Yes, please give full details below (sum insured, multiples of salary etc.)

**Section 6**

Do you participate in the following, or any other, sports or pastimes involving extra risks – such as skin diving, rock climbing or mountaineering, potholing, hand-gliding or parachuting, diving or riding in race or competition?

Yes  No

**If you have answered Yes to any of the above, please give full details in section 7.**

**Section 7**

Additional information (use additional paper if necessary)

Details

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Data Protection Act**

By signing this proposal form you consent to Insurers using the information we may hold about you for the purpose of providing insurance and handling claims, if nay, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. In compliance with requirements of the Italian Privacy Law (30 June 2003 n° 196).

**Declaration**

I hereby declare that to the best of my knowledge and belief the answers given to the questions contained in the Application are true and complete. I agree that this application and declaration shall form the basis of the contract between me and the Insurer should my application be approved.

Signature - Date

The Insurer reserves the right to refuse to accept an application for insurance, or to impose special conditions.

Please return the application form to:

**ATM-PP**

**A copy of this proposal should be retained for your records.**