

CREWCare



JURKOWITSCH GMBH

LOSS OF LICENCE INSURANCE INTERNATIONAL PROGRAM

Coverage concepts

OBLIGATORY loss of license insurance

Questionnaire

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INTERNATIONAL INSURANCE BROKER
SINCE 1974

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• GISA number: 23995406 • FN 118887i •

Company

Insured / Company:

Business address:

State:

Post Code:

Telephone number(s): Email address:

Type of flying activities / operations:

Locations of the company /Bases

Aircrew to be covered

Please state the number of aircrew currently employed and categorized by age group and rank and salary scales by age band (or attached a list)

	Captains	salary scales	First Officers	salary scales
Up to 29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 to 34	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35 to 39	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40 to 44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45 to 49	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
50 to 54	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
55 to 59	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
60 to 64	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
65+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What was the total number of aircrew employed by the company in each of the previous 3 years?

Year:

Total number of aircrew:

Other Insurance

Does the company have, or has the company ever been insured for loss of accident and/or sickness insurance for which cover is required?

☐ Yes ☐ No licence or similar

If 'Yes', please provide details of any other loss of licence or similar cover currently provided by the company, including allowances towards the cost of insurance:

Current terms and conditions such as:

Permanent loss of licence covered? ☐ Yes ☐ No

Temporary loss of licence covered? ☐ Yes ☐ No

Mental health conditions covered? ☐ Yes ☐ No

Details of waiting or excess periods

Sum(s) insured:

Insurer:

Any other information:

What is the period of insurance?

From (Inception): To (Expiry):

Previous Loss History

Please provide details of any aircrew that have lost their licence either permanently or temporarily in the last 5 years:

Year	causa of loss	Age	Permanent or Temporary Suspension	Sum Insured
<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"/>	<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"/>

Are there any aircrew currently unfit or duties for more than 14 days? ☐ Yes ☐ No

If YES please provide details including age and cause of unfitness:

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Has any insurer, in respect of the risks to which this application relates, ever?

Declined the company's application? ☐ Yes ☐ No

Cancelled or refused renewal of a policy? ☐ Yes ☐ No

Required an increased premium or imposed special terms? ☐ Yes ☐ No

If, 'Yes' to any of the above, please provide details here:

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Benefits and Scope of Cover

Would you like permanent loss of license cover? (Lump sum benefit) ☐ Yes ☐ No

Would you like temporary loss of license cover? (Monthly benefit)
(only possible in combination with permanent loss of license) ☐ Yes ☐ No

Would you like Mental MODUL cover? ☐ Yes ☐ No

Sum insured per pilot - currency

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Commencement of the insurance

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Information

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Declaration

Company signature

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Printed name

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Date

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