

Declaration of Insurability – Confidential

Section 1 – Client Details

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (dd/mm/yyyy)	<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"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>

Section 2 – Statement of Health

Further to your Declaration to RL360°, have any of the following circumstances changed since your original Application?

(If Yes, please provide full details in the box on page 2 and/or on a separate sheet)

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

- | | | |
|--|------------------------------|-----------------------------|
| A. Has there been any change to your health? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Have you had any illness, injury, operation, treatment or have you consulted, been examined or advised by any doctor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Have you changed your occupation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Have you participated in or intend participating in aviation other than as a fare paying passenger? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Have you participated in or do you intend participating in any hazardous sport or pursuit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Has your financial situation changed in any way since the date of the application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Have you made an application for any other cover, which has been accepted on special terms/postponed/declined? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. FEMALES ONLY – Are you pregnant? If so, how many months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

