

PILOT SUPPLEMENTARY APPLICATION

Underwritten by certain Underwriters at Lloyd's, London, England
through **Hunter McCorquodale Inc.**

Yonge-Eglinton Centre

#2910 - 2300 Yonge Street, P.O. Box 2396, Toronto, ON M4P 1E4



1. Name:	
2. Date of Birth:	
3. Current Licenses: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> Instrument Flight Rating <input type="checkbox"/> Airline Transport Rating <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Multi-Engine	
4. License Renewal Date:	
5. Date of Last Civil Aviation Medical Exam:	
6. Were you advised of any abnormality revealed by this or any previous examination?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Have you every been grounded or had your license invalidated for medical reasons?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Has any limitation ever been endorsed on your license?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. After or during a medical examination:	
(a) Have you ever been required to take additional tests?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(b) Have you ever been referred to a specialist for an examination?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(c) Have you ever had the issue or renewal of your medical certificate deferred?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(d) Have you ever had to return for examination at less than the normal interval time?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(e) Have you ever been ordered to take drugs or follow any specific diet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Are you aware of any deterioration in your general health, hearing, eyesight or blood pressure?	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Date of your last Electrocardiogram approved by the license issuing authority: _____ Normal	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Are you entitled to benefits under any accident or sickness insurance arranged by you or your employer (including loss of License)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide details for "Yes" answers:	

I hereby acknowledge and agree that this supplementary application forms a part of my application for disability insurance with Lloyd's through Hunter McCorquodale Inc., and is subject to the Declaration and Authorization in Section H of the application.

Signed at _____ this _____ day of _____, 20 _____

Signature of Proposed Insured