

PILOT SUPPLEMENTARY APPLICATION

Underwritten by certain Underwriters at Lloyd’s, London, England through
Hunter McCorquodale
1200 - 145 Wellington St. W
Toronto, Ontario M5J 1H8



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|--|--|
| 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, and is subject to the Declaration and Authorization in Section H of the application.

Signed at _____ this _____ day of _____, 20 _____

Signature of Proposed Insured