

Introduction

This insurance is provided through Hiscox Global Flying a division of Hiscox Underwriting Ltd authorised by **us** to issue insurance policies on **our** behalf.

Signed for and on behalf of Hiscox Syndicates at Lloyd's, managed by Hiscox Syndicates Limited.



Steve Langan
Managing Director, Hiscox UK

This wording is fully protected by the laws of copyright. No unauthorised use or reproduction will be permitted.

Our promise to you

In return for the premium paid, **we** agree to insure **you** in accordance with the terms and conditions of this **policy**.

Definitions

Words shown in **bold** type to which a specific meaning is given below shall have the same meaning wherever they appear in this **policy**.

Accident

A sudden, violent, unforeseen, external and visible event which occurs at an identifiable time and place during the **period of insurance**.

Accident shall also include exposure to the elements resulting from a mishap to a conveyance in which **you** are travelling.

Bodily injury

Physical injury caused by an **accident** and including any **illness** solely and directly resulting from such **accident**.

Date of loss

The first day that **you** are suspended from active duty as a direct result of sustaining **bodily injury** or the manifestation of an **illness**. Suspension must be evidenced by **our** receipt within 30 days of **date of loss** of a 'temporarily unfit' assessment issued by the relevant licence issuing authority.

Illness

Any sickness or disease (not falling within the definition of **bodily injury**) including **mental or behavioural disorder(s)** which first manifest(s) itself during the **period of insurance**.

Licence(s)/certificate(s)

All licence(s)/certificate(s) held by **you** in connection with **your** occupation.

Loss of a licence(s)/certificate(s)

Absolute prevention, as a consequence of **illness** or **bodily injury**, from acting in the capacity for which a **licence(s)/certificate(s)** is held.

Maximum sum insured

The most **we** will pay as shown in the schedule. Payment will be limited solely to earnings accruing from all **licence(s)/certificate(s)** held by **you**.

Mental or behavioural disorder(s)

Any disorder(s) diagnosed by a qualified medical practitioner and which is included in the internationally-recognised classification system DSM-IV (the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 1994). Such a diagnosis shall imply severe and lasting impairment in personal performance as indicated by at least one of the following:

- a. a limitation in activities of daily living;
- b. social functioning;
- c. impairment in concentration, memory or other cognitive functioning leading to chronic task under-performance in terms of aptitude, learning new material, reliable accuracy, endurance or pace of work;
- d. deterioration or decomposition in work settings;
- e. episodic disorders of mood;
- f. disorders of form and control of thought.

Individual air traffic control officer loss of licence insurance

Policy wording

Period of insurance	The time for which this policy is in force as shown in the schedule.												
Policy	This insurance document and the schedule, including any endorsements.												
Terrorism	An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of person, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.												
We/us/our	Hiscox Syndicates at Lloyd's, managed by Hiscox Syndicates Limited.												
You/your	The person named in the schedule and/or his or her legal personal representatives wherever the context admits.												
What is covered	<p>We will pay you up to the maximum sum insured in the event you suffer bodily injury or an illness during the period of insurance which results in a long term unfitness assessment being issued by the Licence Issuing Authority, equating to your loss of licence(s), within 12 months from the date of loss.</p>												
How much we will pay	<p>We will pay you:</p> <ol style="list-style-type: none"> 100% of the maximum sum insured in respect of bodily injury; or 33% of the maximum sum insured or £20,000, whichever the lesser, in respect of any illness which is: <ol style="list-style-type: none"> consequent upon the influence of alcohol, drugs or narcotics; or incapable of diagnosis or has not been diagnosed as an illness; or 100% of the maximum sum insured in respect of any illness including mental or behavioural disorder(s) other than an illness which is included in 2. a. or b. above. <p>In the event of the licence(s)/certificate(s) being restored within 18 months from the date of settlement of the claim, we may require you to repay to us a pro-rata proportion of the benefit paid.</p> <p>Payment under 2 a. above is conditional upon you, within 90 days from the date of diagnosis of such illness, entering a rehabilitation programme approved by us, demonstrating and continuing to demonstrate to our satisfaction that you are participating and co-operating in all aspects of such rehabilitation programme. The cost of participation in the programme will be deducted from any benefit payment.</p>												
Maximum amount payable	<p>The maximum benefit payable to you shall not exceed the following multiples of annual earnings solely accruing from all licence(s)/certificate(s) held by you under this and all other loss of licence policies held in your name, unless agreed by special acceptance by us.</p> <table> <tr> <td>Up to and including age 29</td><td>5.0 times annual earnings</td></tr> <tr> <td>30 to 39</td><td>4.0 times annual earnings</td></tr> <tr> <td>40 to 49</td><td>3.0 times annual earnings</td></tr> <tr> <td>50 to 54</td><td>2.0 times annual earnings</td></tr> <tr> <td>55 to 59</td><td>1.8 times annual earnings</td></tr> <tr> <td>60 to 64</td><td>1.5 times annual earnings</td></tr> </table>	Up to and including age 29	5.0 times annual earnings	30 to 39	4.0 times annual earnings	40 to 49	3.0 times annual earnings	50 to 54	2.0 times annual earnings	55 to 59	1.8 times annual earnings	60 to 64	1.5 times annual earnings
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60 to 64	1.5 times annual earnings												

What is not covered	<p>A. We will not make any payment for any claim or loss directly or indirectly due to:</p> <ol style="list-style-type: none"> your death; intentional self-injury or attempted suicide or assault provoked by you; a criminal act by you;
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Policy wording

4. **your** deliberate exposure to exceptional danger or activity (except in an attempt to save human life or in self-defence or in an attempt to prevent loss or damage to their property), unless approved by **us** and endorsed on this **policy**;
 5. **your** undertaking active duty with the Armed Forces other than part-time non-combatant duties;
 6. **your** being relieved of air traffic controller duties status for reasons other than as covered in this **policy**;
 7. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually-transmitted disease;
 8. war, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
 9. terrorism; if there is any dispute between **you** and **us** over the application of this exclusion, it will be for **you** to show that the exclusion does not apply;
 10. any condition for which **you** have sought advice, diagnosis, treatment or counselling or of which **you** were or should reasonably have been aware of at inception of this insurance or for which **you** have been treated at any time prior to inception of this insurance;
 11. pregnancy or childbirth unless the suspension or cancellation of the **licence(s)/certificate(s)** is a direct consequence of complications arising therefrom;
 12. subsequent change(s) in medical standards to those prevailing at the inception of this policy issued by the licence issuing authority or any other competent authority including government, which materially increases or extends our liability.
- B. **We** do not provide any cover to any person who is 65 years of age or older at the inception of this **policy**.

Conditions

The following conditions apply to the whole of this **policy**.

Information

1. In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

You must tell **us**, as soon as possible, if there are any changes to the information **you** have given **us**. If **you** are in any doubt, please contact **us** or **your** insurance agent.

When **we** are notified of a change **we** will tell **you** if this affects **your policy**. For example **we** may cancel **your policy** in accordance with the cancellation condition, amend the terms of **your policy** or require **you** to pay more for **your** insurance.

If **you** do not inform **us** about a change it may affect any claim **you** make or could result in **your** insurance being invalid.

Premium payment

2. **We** will not make any payment under this **policy** unless **you** have paid the premium.

Cancellation

3. **You** may cancel this **policy** within 14 days from the date **you** receive the **policy** documents by writing to **us** or **your** broker. **You** will then receive a full premium refund provided no claim has been made.

You may cancel this insurance at any time by writing to **us** or **your** insurance broker. If **you** have not made a claim, **we** will return any premium **you** have paid for the remaining **period of insurance**.

We may cancel this insurance by sending 30 days' notice in writing by registered post or recorded delivery to **your** last known address. **We** will return any premium **you** have paid for the remaining **period of insurance**.

If **you** pay the premium by instalments and an instalment remains unpaid after 14 days, **we** may cancel this policy from the date the last instalment was due.

Termination

4. The **policy** will terminate and cease to have effect upon:
 - a. payment of benefit;
 - b. **your** attaining the age of 65;

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	c. your ceasing to be gainfully employed in the capacity for which you hold the licence(s)/certificates(s) .
Limitations	5. Coverage is limited to bodily injury only at renewal of cover following your 55 th birthday.
Rights of third parties	6. We and you are the only parties to this policy . Nothing in this policy is intended to give any person any right to enforce any term of this policy which that person would not have had but for the Contracts (Rights of Third Parties) Act 1999.
Other insurance	7. In order to recover the full benefits payable under this policy you must obtain our agreement to any other loss of licence insurance you have the benefit of, before a claim arises. If no such prior notification has been given, this policy is deemed to be surplus to all other valid and collectable insurances. Any payment under these circumstances will only be the difference between the maximum allowable multiple of earnings, as stated in How much we will pay, and all other valid insurance.
Law and jurisdiction	8. Unless some other law is agreed in writing, this policy will be governed by the laws of England. If there is a dispute arising out of or relating to this insurance, the dispute will only be dealt with in the courts of England.
False claims	9. If you have made a false claim, we can refuse to pay a claim or we can treat this insurance as though it had never existed.
Misrepresentation	10. If we establish that you deliberately or recklessly provided us with false information we will treat this insurance as if it never existed and decline all claims. If we establish that you were careless in providing us with the information we have relied upon in accepting this insurance and setting its terms and premium we may: <ul style="list-style-type: none"> • treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided you with insurance cover which we would not otherwise have offered; • amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness; • charge you more for your insurance or reduce the amount we pay on a claim in the proportion that the premium you have paid bears to the premium we would have charged you; • cancel your policy in accordance with the cancellation condition. We or your insurance agent will write to you if we : <ul style="list-style-type: none"> • intend to treat this insurance as if it never existed; • need to amend the terms of your policy; or • require you to pay more for your insurance.

Claims conditions

1. **You** must:
 - a. make a claim in writing as soon as possible and in any event not later than 30 days from the date of unfitness as a result of sustaining **bodily injury** or the manifestation of **illness**, by notifying:

Hiscox Global Flying
Colchester Claims
Hiscox House
Sheepen Place
Middleborough
Colchester CO3 3XL

Tel no: +44 (0)1206 773827
Fax no: +44 (0)1206 773999
Email: flying.claims@hiscox.com

Such notification shall include all details as known to **you** and documentary evidence issued by the relevant licence issuing authority.

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The date of notification shall be taken as the date upon which the notice was delivered to Hiscox Global Flying. It must be understood that advice of a claim by telephone message is not deemed to be proper notice of a claim;

- b. at **our** request and expense, submit to an independent medical examination in the event of **bodily injury** or **illness**;
 - c. irrevocably authorise:
 - i. **us** to obtain details of all medical reports and hospital records and obtain information from any physicians, surgeons and hospital authorities concerned with the treatment of, or consulted by, **you**;
 - ii. **us** to obtain information from and seek the opinion of the principal medical officer of the Civil Aviation Authority or any other competent authority or its successors (or other appropriate medical officer appointed for the purpose) as to whether **you** are unlikely to obtain a restoration of the **licence(s)/certificate(s)**. If the opinion is that **you** are unlikely to obtain such restoration **we** will accept that opinion as evidence in favour of **you**.
 - d. sign all authorisations required by **us** and, on written demand by **us**, make a statutory declaration as to any facts relating to the claim and complete **our** standard claim questionnaire on request.
 - e. notify **us** as soon as possible if any action against a third party relating to the **licence(s)/certificate(s)** is planned or contemplated.
 - f. notify **us** as soon as possible upon becoming aware of any investigation, court of enquiry or similar proceedings likely to affect this **policy** and give all possible assistance and information to lawyers appointed by **us** as they may reasonably require;
 - g. provide to **us** satisfactory proof of:
 - i. the happening of the event in respect of which the **maximum sum insured** will become payable;
 - ii. any other information that **we** may require.
2. **We** shall not be obliged to settle a claim under this **policy** for long term disability until:
- i. at least 180 days after the **date of loss**; and
 - ii. **you** make a claim and all enquiries have been completed by **us**.
- The period of 180 days shall commence on the day the claim is received by **us**. No claim shall be payable if **you** die within such 180 days period.
3. Receipt by **us** of a release from **you** or any other duly authorised representative of **yours** shall constitute an absolute discharge to **us** in respect of payments made under this **policy**.

Arbitration

We reserve the right to refer all unfitness assessments to **our** own medical advisers. In addition, **you** may be required to undergo an examination by a qualified medical practitioner experienced in the medical examination of aviation personnel.

We also reserve the right to request **you** to undergo reasonable medical treatment and investigations, at **our** expense if, in **our** and **our** medical advisers opinion, such treatment and/or investigations would probably result in the restoration of **your licence(s)/certificate(s)**.

Should **you** wish to dispute **our** decision or **our** medical advisers or qualified medical practitioners opinion, the matter will be referred for arbitration to the dean of the Faculty of Occupational Medicine of the Royal College of Physicians in London, England. The dean will appoint one person to act as referee from a panel of qualified medical practitioners experienced in the examination of aviation personnel and in the relevant branch of medicine, such panel to be agreed between **us** and **you**.

The decision of the dean and the referee shall be final and binding on all parties.

The costs of examination and arbitration will be borne by **us**.

Complaints procedure

We pride ourselves on providing a first class, reliable and efficient service to all of **our** customers. Complaints are a key to monitoring **our** service and wherever possible, **we** seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether verbal or written, and whether justified or not, about a service or activity provided by **us**.

Please contact **us** or **your** insurance broker in the first instance. Please be ready to quote the details of **your** insurance (**your** surname and initials, **policy** number, address, employer, etc.). A verbal complaint should subsequently be confirmed in writing with a record of posting.

If **you** are not satisfied with the way a complaint has been dealt with **you** may write to the complaints department at Lloyd's, which will review **your** case without prejudice to **your** rights in law. The address is:

Policyholder and Market Assistance
Lloyd's Market Services
One Lime Street
London EC3M 7HA

Tel no: +44 (0)20 7327 5693
Fax no: +44 (0)20 7327 5225
Email: complaints@lloyds.com

A complaint form can be downloaded from Lloyd's website at www.lloyds.com.

Data Protection Act

By accepting this insurance, **you** consent to **us** using the information **we** may hold about **you** for the purposes of providing insurance and handling claims, if any, 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. **You** have the right to apply for a copy of **your** information (for which **we** may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.