

Pilot's Disability Insurance

"Temporary Loss of License"

*Disability Insurance
for People Who Fly
For a Living*



Commercial Pilots

Corporate Pilots

Cargo Pilots

Aerial Applicators

Agricultural Pilots

Firefighter Pilots

Air Show Pilots

Test Pilots

Air Ambulance Pilot



GIC Insurance Agency

P.O. Box 291 Fair Grove, Missouri 65648

Phone:(417) 759-2009 • Fax: (417) 459-4870

www.gicinsurance.com • info@gicinsurance.com

Proposal For: _____

Age: _____ Date: _____

Presented By: _____

Pilot's Disability Insurance

Flight Category:

- Commercial Pilot Corporate Pilot Cargo Pilot Firefighting Pilot Air Ambulance Pilot
 Agricultural Pilot Aerial Applicator Air Show Pilot Test Pilot

Aircraft Category:

- Fixed Wing Helicopter

Monthly Benefits are payable while Totally Disabled beginning the first day following the Elimination Period and for as long as the Benefit Period **for each disability**.

	Benefit Schedule	Annual Premium
Monthly Benefit amount	\$ _____	\$ _____
Elimination Period	_____ Days	
Benefit Period	_____ Months	
Maximum Benefit Each Claim	\$ _____	
Optional residual Disability rider		\$ _____
Optional Cola Rider (CPI) 10%		\$ _____
Total Annual Premium		\$ _____
Term of Insurance _____ Years		

Underwriting requirements:

- Application Medical Exam Blood & Urine EKG other: _____

Financial information:

- Confidential Financial Statement Tax Returns other: _____

Options

Residual Disability Rider Benefits are payable when you are engaged in your regular occupation, or another occupation, and you experience reduced income of 20% or more, due to a disability. The benefit amounts will be calculated by multiplying the monthly benefit amount by the percentage of reduced income compared to the average monthly earned income received during the twelve-month period preceding the onset date of the disability.

Optional Cost of Living Adjustment (COLA) will automatically increase the monthly benefit each year based upon the Consumer Price Index (CPI), but not to exceed 10% per year.

Air Travel

This policy, subject otherwise to its terms, limitations and conditions covers claims arising out of bodily injury sustained by the insured person while flying as a pilot or crew member, in any aircraft for which the insured person holds a current valid license or as a passenger in any aircraft including boarding and alighting.

*This is a brief description of the insurance provided by this plan.
The Certificate of Insurance is the complete description of coverage.*



Definitions

Total Disability Monthly Benefits are payable when, due to sickness or injury, you cannot perform the substantial and material duties of your regular occupation and you are under the regular care of a legally qualified physician.

Sickness, illness means a Sickness or disease which You are first diagnosed by a Physician while this certificate is in force causes You to be disabled that begins within 365 days from the date such Sickness or disease was first diagnosed.

Accident, Injury means accidental bodily Injury sustained by the insured person, which are the direct cause of loss, independent of disease or bodily infirmity.

Elimination Period means the number of consecutive days You are Totally Disabled or Residually Disabled if the Residual Rider was purchased, before a benefit is payable. The Elimination Period begins on the first day You are attended by a Physician who determines You to be Totally Disabled and/or Residually Disabled.

Maximum Benefit Period means the overall maximum number of months that benefits will be paid during any one period of Total Disability.

Term of Insurance

The Certificate of Insurance is issued for a period of 1 to 3 years. It is contemplated that the plan will be renewed, however, the underwriters reserve the right to refuse to renew the Certificate or to change the terms and/or the premium rates on renewal of the Certificate. A statement of

good health or new application may be required by the underwriters for consideration of renewal. Non-renewal by the Insurer will be without prejudice to any claim in connection with a loss commencing while this plan is in force.

Special Features

Recurrent Disabilities:

If after a period of Total Disability You resume occupation and You work at that occupation on a full time basis for a continuous period of at least 6 months, any Total Disability that begins after that time will be considered a new disability, even if it is a recurrence of the same condition that previously disabled You. If You do not work at least 6 consecutive months any later Total Disability will be considered as the same prior disability. If a new disability results from a cause entirely different and unrelated to the prior disability, such disability is subject to a new Elimination Period and Maximum Benefit Period.

Presumptive Disability:

You will be presumed to be Totally Disabled, if due to an Accident or Sickness You have totally lost: the use of both hands, or both feet, or one hand and one foot, or the sight of both eyes, or hearing of both ears, or the ability to speak. The Elimination Period will be waived. Regular Care is not required. The covered Monthly Benefits will be paid as long as the loss exists, up to the Maximum Benefit Period.

Transplant Benefits:

If this certificate has been in force for at least 6 consecutive months and You donate an organ from Your body to another person, the Total Disability which results from such surgery will be considered a Sickness. Benefits will be payable in the same manner as those for any other Sickness.



Pilot's Disability Insurance Application

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Part 1

Personal Information

1. **Name:** first _____ middle _____ last _____
Address: number & street _____
city _____ state _____ zip _____
Date of Birth: _____ **Place of Birth:** _____ **Height:** _____ **Weight:** _____
Telephone: _____ **Fax:** _____ **E-mail:** _____
- Flight Category:** Air Show Pilot Test Pilot Commercial Airline Pilot Corporate Pilot Firefighter Pilot
 Agricultural Pilot Aerial Applicator Cargo Pilot
- Aircraft Category:** Fixed Wing Helicopter
2. **Employer:** a) Flying Occupation _____
b) Non-Flying Occupation _____
3. **Salary or Earned Income:** a) Flying Occupation: \$ _____ b) Non-Flying Occupation: \$ _____
4. **Insurance for which you are applying:** a) Monthly Benefit Amount: \$ _____ b) Elimination Period: ____ days c) Benefit Period: ____ months
d) Optional Residual _____ e) Optional COLA _____

Flying information

5. **Current Licenses:** Flight Instructor Commercial Instrument Flight Rating
 Airline Transport Rating Rotorcraft Multi-Engine
- a) Date of Last FAA Medical Exam _____ b) Date of Last Biennial Flight review (BFR) _____

Insurance Information

6. a) Are you entitled to benefits under any accident or sickness insurance arranged by you or your employer?
(including Loss of License, permanent health or Aircrew Disability Insurances) No Yes
If yes, please give details: _____
- b) Are you covered under a state disability program? No Yes
7. Is this application for replacement of existing insurance? No Yes
If yes, please give full details of any previous policy (i.e. Sum Insured, Name of Insurer, etc.): _____
8. **Have you ever:** a) engaged in hazardous sports or hobbies such as parachuting, auto or motorcycle racing? No Yes
b) had your driver's license suspended or revoked during the past three years? No Yes
If yes, please give details: _____

IT IS UNDERSTOOD AND AGREED

1. That all answers to the above questions, to the best of my knowledge and belief, are complete and true.
2. That all answers to the above questions, together with the application, shall form the basis of the insurance of any coverage hereunder.
3. That in the event of any fraud, misstatement, concealment, or failure to disclose information in response to any question on both sides of the application, whether intentional or inadvertent, any insurance coverage issued based upon this application may become void, and no benefits shall be payable.
4. The insurance hereunder applied for shall take effect in the date set forth on the certificate, if issued, provided the first premium and all requirements are received within 31 days of the effective date and there have been no changes to any questions on this application between the date of application and the effective date of the certificate.

Date

Signature of Proposed Insured

Signature of Applicant-Purchaser if not Proposed Insured

Pilot's Disability Insurance

Specified Occupation

This is a Specified Occupation Plan. It will terminate automatically if you change from the occupation in which you were engaged at the time the plan was issued, unless an agreement has been obtained in writing from the underwriters and any additional premium required by the underwriters has been paid. The sole liability of the underwriters in the event of an occupation change shall be returned on a pro-rata basis any unearned premiums paid for the balance of the plan term.

Exclusions

No benefits will be paid due to Sickness or Injury caused by, contributed to by or related to the following and / or their treatments and / or complications thereof:

1. Suicide or intentional self-inflicted injury or poisoning;
2. War, declared or undeclared (Please note that Terrorism or Acts of Terrorism is defined differently than war and is covered under this certificate);
3. An act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s);
4. While committing or attempting to commit a crime;
5. Taking of illegal drugs, or addiction or misuse of prescription or non-prescription drugs;
6. Alcohol abuse or addition, or being under the influence of alcohol, as defined by the vehicle code of the state or province in which the Accident has occurred;
7. Mental or Nervous disorders;
8. Pre-Existing Conditions;
9. Subjective Pain or other symptoms unless supported by objective medical findings;
10. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.



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