## **Application for Aircrew Legal Insurance**

Complete and return to: ALPL, 2 Liddon Rd, Chalgrove, Oxford, OX44 7YH, UK.

Full Name				
Address and Postal Code				
Tel <sup>2</sup>	Mobile <sup>2</sup>	Email <sup>2</sup>		
Licence No <sup>1</sup>	Issuing Authority <sup>1</sup>			
Employer				

<sup>1</sup> If applicable. <sup>2</sup> Valid Email and one telephone number required

## Declaration

- 1. I the undersigned, hereby apply for Aircrew Legal Protection Insurance.
- 2. I confirm that I am not aware of any circumstances, including specific act, omission or dispute or other event which has given, or may give rise to a claim being made under the terms of this scheme, including details of any redundancy programme due to be implemented within the next three months. (*If you cannot give this confirmation, set out the circumstances on a separate sheet of paper for the Underwriters' consideration*).
- **3.** I hold additional responsibilities (for example in training or management) and have set these out on a separate sheet for Underwriters' consideration. Delete and initial this section if it does not apply to you.
- 4. I am not resident in the United States or Canada. (Residence is deemed to be where you pay tax)
- 5. Any change to the above details will be notified to Aircrew Legal Protection Limited.
- 6. I require £125k, £250k, Limit of Indemnity delete as appropriate.
- 7. Cover to Include:- USA and Canada. / Exclude USA and Canada delete as appropriate.

## I enclose:- Completed Standing Order.

Cheque for Annual Premium <u>or</u> The First Month of Cover (see standing order mandate) *Tick as appropriate* 

DateSignature	
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## Standing Order Mandate

This form when completed to be sent to:- Aircrew Legal Protection Limited, 2 Liddon Rd, Chalgrove, Oxford, OX44 7YH, UK. **\*\*** (With cheque for one month's premium) **\*\*** 

1. Note to Bank	<b>Staff:</b> Please input this reference	Office use only		
2. Please enter your bank details below				
Bank Address including Post Code :-				
Name of Account to be debited				
Account Number				
Sort Code				

**3.** Office use only

4. The Sum of :-	Circle the required premium.				
£11.79 Eleven Pounds + Seventy Nine Pence	£17.69 Seventeen Pounds + Sixty Nine Pence	£19.71 Nineteen Pounds + Seventy One Pence			
£25.61 Twenty Five pounds + Sixty One Pence	£7.92 Seven Pounds + Ninety Two Pence	£13.82 Thirteen Pounds + Eighty Two Pence			
5. Commencing: (To be completed by alpl)					
6. And thereafter monthly on (To be completed by ALPL) of each month - -until you receive further notice from us in writing.					
7. Please cancel any previous standing orders in favour of the beneficiary named in 3. and 4. above					
<b>8</b> . *Signature (1)		Date			
*Signature (2)		Date			

\*As required if more than one signatory to the account.

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