

## PILOT PROTECT ASSOCIATION PILOT SAAM - INSURANCE QUOTE REQUEST

*Our mission is to provide you with the best insurance solution to suit your needs. Thank you for filling in the form below (all fields marked with an asterisk\* are mandatory). You will receive a customized proposal by mail as soon as possible.*

### I – ABOUT YOU

Gender\*:  M  F

Name\*: ..... Surname(s)\*: .....

Date of birth\*: ..... Nationality\*: .....

Address\*: .....

Zip Code\*: ..... City\*: ..... Country\*: .....

Email\*: ..... Telephone\*: .....

### II – PROFESSIONAL SITUATION

Employer\*: ..... Employer's nationality\*: .....

Profession\*: ..... Type of Licence\*: .....

Date of last medical check-up\*: .....

Nature of contract\*:  Open ended contract

Fixed term contract: *if checked; please specify:*

Start date: ..... End date: .....

Activity rate\* (%): .....

Gross annual salary\* (please specify the currency): .....

### III – YOUR COVERAGE

Please choose the covers you are interested in:

Death / Total and Irreversible Loss of Autonomy (1) Sum insured (€)\*: .....

*(1) Mandatory minimum: €50 000 – maximum: €600 000 within the limit of 5 times your gross annual salary.*

Permanent Loss of Licence (2) Sum insured (€)\*: .....

*(2) Minimum: €50 000 – maximum: €600 000 within the limit of 5 times your gross annual salary.*

Temporary Unfitness Desired excess period:

30 days  
 60 days  
 90 days

Two options available (3):  **Option A:** non-deduction of daily allowances  
 **Option B:** deduction of daily allowances

*(3) In case of a Permanent Loss of Licence following a Temporary unfitness for the same cause, the amount to be paid **shall or shall not be reduced** by all daily allowances paid by the Representative.*

Desired daily allowance (€) (4): .....

*(4) The amount chosen must be between a minimum of €50 and a maximum of €500 per day. It should not exceed 80% of your daily gross salary (annual/365)*