

**Insurance Quote Request**

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| John Ellis | |
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| Phone: (07) 3220 3960 | Fax: (07) 3229 5104 |
|  | |
| Name: | Date of Birth: / / |
| Occupation: | Smoker: Yes / No |
| Address: | |
| Phone: | Mobile: |
| Email: | Fax: |

Level of quote required:

|  |  |  |  |
| --- | --- | --- | --- |
| Life Cover | $ | $ | $ |
| Trauma Cover | $ | $ | $ |
| TPD Cover | $ | $ | $ |
| Income Protection | $ | | |

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| --- |
| Type of licence and period held: |

Please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Flying hours under the following categories | Total Flying Hours | Last 12 Months | Future yearly average |
| Airline Pilot |  |  |  |
| Private / Recreation |  |  |  |
| Charter / General Airwork |  |  |  |
| Agricultural (spraying, mustering, firebombing) |  |  |  |
| Instructing |  |  |  |
| Student Pilot |  |  |  |
| Ultra-light/Gyroplane |  |  |  |
| Ultra-light – GA Rated |  |  |  |
| Aerobatics |  |  |  |
| Other |  |  |  |

|  |  |
| --- | --- |
| Aircraft/s Currently Flying |  |