

**AXA Versicherung AG**

Versicherungsagentur für Flugsport – FlyInsure GmbH Kössen

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**Pilots Accident Insurance restricted to the risks of
motorised and non-motorised parachuting, hang gliding
and/or paragliding for EU, EEA, UK and Swiss residents**
Application according current General and special AXA-insurance Regulations

Policy Holder/ Insured Person

Title, first name		surname
Address		post code, city, country
nationality	date of birth	telephone
e-Mail-address		
<input type="radio"/> cooperation partner:		membership number:
<input type="radio"/> beneficiary in case of death: legal heir		<input type="radio"/> beneficiary in case of death is following named person (including birth date):

○ Variant 1

Accidental death	€ 7.500,--
Accidental Invalidity – Basic sum	€ 75.000,--
maximum insurance benefit (in case of 100% invalidity)	€ 225.000,--
emergency rescue costs	€ 3.000,--
Annual Premium for residents all EU-States and Switzerland, except Germany (incl. 4 % Austrian insurance tax)	€ 360,--
Annual Premium reduced for members of cooperation partners (incl. 4% Austrian insurance tax)	€ 324,--

○ Variant 2

Accidental death	€ 3.500,--
Accidental Invalidity – Basic sum	€ 35.000,--
maximum insurance benefit (in case of 100% invalidity)	€ 105.000,--
emergency rescue costs	€ 3.000,--
Annual Premium for residents all EU-States and Switzerland, except Germany (incl. 4 % Austrian insurance tax)	€ 168,--
Annual Premium reduced for members of cooperation partners (incl. 4% Austrian insurance tax)	€ 152,--

optional: Accident costs (accident-related medical and repatriation costs as well as cosmetic surgery)

Insurance sum (tick if required)	<input type="radio"/> € 5.000,--	<input type="radio"/> € 10.000,--	<input type="radio"/> € 20.000,--
regular annual premium	Surcharge € 55,00	Surcharge € 77,00	Surcharge € 134,00
reduced annual premium	Surcharge € 50,00	Surcharge € 70,00	Surcharge € 120,00

This insurance is only covering air sport risks (not covering speedflyers) / Other insurance sums are possible upon request!

Start of Cover: day/month/year / /	insurance period: <i>1 year</i>	Payment of premium: <i>yearly by bank transfer</i>	V 08/2025
Place / Date	Signature		