



Helicopter Skiing Questionnaire

To be completed by the Life Proposed.

If there is insufficient space, please continue your answer on a separate piece of paper clearly identifying the question number. Please note that failure to disclose the full facts may cause the assurance to be declared void.

Full Name:

Proposal Number:

1. Please advise the number of times in a year that you Helicopter ski:

2. Please advise the locations:

3. Please advise the number of hours helicopter flying per annum:

4. Do you ski alone or in a group?

5. Do you ski on recognised ski runs?

Declaration:

I declare that the answers I have given are true and that I have not withheld any material information that may influence the assessment or acceptance of the proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed: Date:

Please return this form to; Lutine Assurance Services Ltd, 3rd Floor, 154 Great Charles Street, Birmingham, B3 3HN. Tel 0121 200 1919, Fax 0121 200 1921 enquiries@lutine.com

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