

SUPPLEMENTARY QUESTIONNAIRE FOR PARAGLIDING

[To be completed by the applicant]

Name of Life to be Insured : _____	Date of Birth : _____
Attaching to Application No : _____	Date of Application : _____

No	Questions	Details
1.	Please indicate the type of paragliding proficiency rating that you have.	<p><u>Rating</u> <u>Date obtained</u></p> <p>┆ None</p> <p>┆ Introductory/Student</p> <p>┆ Elementary/Basic/P1</p> <p>┆ Novice/Club/P2</p> <p>┆ Intermediate/Sport/P3</p> <p>┆ Advanced/P4</p> <p>┆ Master/P5</p> <p>┆ Other:</p>
2.	Are you a member of a sanctioned paragliding club or national organization? If yes, please provide details.	
3.	For how many years have you been paragliding?	
4.	Please provide the following paragliding details:	Total number of flights to date: Number of flights in last 12 months: Estimated flights in next 12 months: Average altitude: Maximum altitude: Average duration: Maximum duration:
5.	Please describe the nature of the terrain over which you usually fly, e.g. coastal, lakes, mountainous, open country etc.	
6.	Have you ever used, or do you intend to use a powered paraglider? If yes, please provide details.	
7.	Do you participate in, or expect to participate in any paragliding competitions including endurance or cross country etc? If yes, please provide details.	
8.	Have you ever used, or do you intend to use an experimental, prototype or a home built paraglider? If yes, please provide details.	
9.	Do you intend to take part in paragliding record attempts? If yes, please provide details.	

10.	Have you ever had an accident or sustained an injury as a result of your paragliding activities? If yes, please provide details.	
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I declare that the answers I have given are true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Assured _____

Date: _____