

## SUPPLEMENTARY QUESTIONNAIRE FOR SKYDIVING

[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 state the type of skydiving license that you have and when this was obtained.	
2.	What is your main reason for skydiving, e.g. recreation/pleasure or commercial activity etc.?	
3.	Are you a member of a sanctioned skydiving club or national organization? If yes, please provide details.	
4.	For how many years have you been skydiving?	
5.	Please provide the following skydiving details:	Total number of jumps to date: Number of jumps in last 12 months: Estimated jumps in next 12 months: Average altitude: Maximum altitude: Minimum altitude:
6.	Do you participate in, or do you intend to participate in any skydiving competitions or record attempts? If yes, please provide details.	
7.	Do you participate in or do you intend to participate in free-style skydiving, formation skydiving, skyboarding, skysurfing or BASE jumping? If yes, please provide details including frequency etc..	
8.	Have you ever used or do you intend to use experimental skydiving equipment? If yes, please provide details.	
9.	Have you ever had an accident or sustained an injury as a result of your skydiving activities? If yes, please provide details.	

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: \_\_\_\_\_