



SKY DIVING QUESTIONNAIRE

Application Number	
Proposed Life Insured	Date of Birth

1. What club(s) do you belong to? _____
2. How many jumps have you logged in your lifetime? _____
3. How many jumps have you logged in the last 12 months? _____
4. How many jumps do you intend to make in the next 12 months? _____
5. Do you jump professionally, compete for record attempts, or use experimental equipment?
 Yes No If "Yes" provide details:

6. Do you use a static line, free fall or do any base jumping?
 Yes No If "Yes" provide details including type(s), date last dived and frequency:

7. Have you ever had a sky diving accident?
 Yes No If "Yes" provide dates and details:

If coverage is not available at the regular premium rate, indicate the coverage which you may be willing to accept:

- Coverage subject to a rating/extra premium
 Coverage subject to an exclusion

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with Equitable®.

Date

Proposed Insured

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