

SKY DIVING QUESTIONNAIRE

| Application Number _ | | | | |
|---|---|--|-----------------------|--------------------|
| Proposed Life Insured | | | Date of Birth | dd/mm/yyyy |
| What club(s) do you belong to? | | | | |
| How many jumps have you logged in your lifetime ? | | | | |
| How many jumps have you logged in the last 12 months? | | | | |
| How many jumps do you intend to make in the next 12 months? | | | | |
| Do you jump professionally, compete for record attempts, or use experimental equipment? | | ☐ YES ☐ NO If "YES" provide details: | | |
| | | | | |
| 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: | | |
| | | | | |
| 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/ex☐ Coverage subject to an exclusio | · | |
| | nswers and statements are true ole Life Insurance Company of | e,complete and correctly recorded ar Canada. | nd shall form part of | my Application for |
| Date | Witness | Propo | osed Life Insured | |