

Extreme Sport Questionnaire

(To be filled by the Applicant)

Name of the Life Insured:	
Application Number:	

If the answer to any of the questions is 'Yes', please provide details.

- 1) Type of event/sport in which you are engaged: _____
- 2) Are you an amateur or a professional
- 3) Do you hold any professional qualification/license in relation to the event/sport? Yes No
- 4) Have you undergone any formal training? Yes No
- 5) How long have you been engaged in this event/sport? _____ yrs
- 6) Do you ever engage in this sport/event unaccompanied? Yes No

If 'Yes', please state how often and under what conditions: _____

h) Please state:

Number of events per annum: _____

And provide details for each event:

Distance	Height	Speed	Location
• _____			
• _____			
• _____			
• _____			

- i) When were you last medically examined for the purpose of this sport? _____
- k) Were any restrictions imposed after the medical examination? Yes No
 If 'Yes', please provide details: _____
- l) Have you ever suffered any illness or injury due to this event? Yes No
 If 'Yes', please provide details: _____

I declare that the answers above are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment or acceptance of my insurance cover including accident, disability and critical illness covers.

Place: _____

Date: _____

Signature of the Life Insured: _____

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant _____

Place: _____ Date: _____

Signature of the Life Insured _____