

## Aviation-related Sports Questionnaire

Including aerobatics, air racing, (autogyros) and gyroplanes, ballooning, gliding, hang gliding, micro lighting, parachuting, paragliding, parascending, skydiving, sky surfing

Name of the Life Insured:	
Application Number:	

1. Category:

A.	Powered Aviation Sports	YES	NO
	Aerobatic flying	<input type="checkbox"/>	<input type="checkbox"/>
	Air racing	<input type="checkbox"/>	<input type="checkbox"/>
	Autogyros and/or gyroplanes	<input type="checkbox"/>	<input type="checkbox"/>
	Self-launching gliders	<input type="checkbox"/>	<input type="checkbox"/>
	Powered hang gliding	<input type="checkbox"/>	<input type="checkbox"/>
	Micro lighting	<input type="checkbox"/>	<input type="checkbox"/>
B.	Non-powered Aviation Sports	YES	NO
	Non-powered/self-sustaining gliders	<input type="checkbox"/>	<input type="checkbox"/>
	Non-powered hang gliding	<input type="checkbox"/>	<input type="checkbox"/>
	Autogyros and/or gyroplanes	<input type="checkbox"/>	<input type="checkbox"/>
	Paragliding	<input type="checkbox"/>	<input type="checkbox"/>
	Parascending	<input type="checkbox"/>	<input type="checkbox"/>
C.	Parachuting	YES	NO
	Static line	<input type="checkbox"/>	<input type="checkbox"/>
	Free-fall or competition jumping	<input type="checkbox"/>	<input type="checkbox"/>
	Base jumping	<input type="checkbox"/>	<input type="checkbox"/>
	Skydiving and sky surfing	<input type="checkbox"/>	<input type="checkbox"/>

2. In categories A and B where 'Yes' is selected, please mention the frequency and total number of hours per year that you participate in the sport(s):

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3. For category C, please mention the following:

(i) Number of jumps completed in the last year: \_\_\_\_\_

(ii) Number of jumps you intend to complete in the next year: \_\_\_\_\_

4. Please choose your status -  Professional  Instructor  Amateur

Please provide details of your license/certificate:

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5. Please provide details of any future exhibitions, prototype testing or record attempts.

6. Please provide any additional details that may influence the risk for insurance purposes, e.g. experience, club membership, etc.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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