



Name of Proposed Insured: _____ **Application/Policy No:** _____

1. Do you have a parachuting licence? Yes No

If yes: a) What class of licence do you have? _____

b) On what date was license obtained? _____

c) Where was license obtained from? _____

2. Are you a member of a parachuting club? Yes No **If yes,** what club(s) do you belong to?

3. a) How many jumps have you logged in total? _____

b) How many jumps have you logged in the last 12 months? _____

c) How many jumps have you logged in the last 24 months? _____

d) How many jumps do you anticipate making in the next 12 months? _____

e) What is the date of your last jump? _____

4. Where and over what terrain do you make your jumps? _____

5. Do you jump professionally, participate in competitions or record attempts, jump as a trainer or instructor, or use experimental equipment? Yes No **If yes,** please explain: _____

6. Do you participate or plan to participate in delayed chute opening? Yes No

If yes: Please indicate the number of jumps to date: _____

Please indicate the maximum delay time to open the chute: _____

7. Do you participate or plan to participate in baton exchanges, stunts or acrobatics of any kind ? Yes No

If yes, please explain: _____

8. Have you ever had a parachuting accident? Yes No **If yes,** please provide date(s) and details:

9. Do you anticipate any change in your parachuting/sky diving activities in the future? Yes No

If yes, please explain: _____

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

Signature of Proposed Insured: _____ **Date:** _____

(Day/Month/Year)