

Hazardous activity questionnaire for paragliding

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title

Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

1. Please indicate the type of paragliding proficiency rating that you have and the date the rating was obtained

None	<input type="checkbox"/>	
Introductory / Student	<input type="checkbox"/>	Date <input type="text"/>
Elementary / Basic / P1	<input type="checkbox"/>	Date <input type="text"/>
Novice / Club / P2	<input type="checkbox"/>	Date <input type="text"/>
Intermediate / Sport / P3	<input type="checkbox"/>	Date <input type="text"/>
Advanced / P4	<input type="checkbox"/>	Date <input type="text"/>
Master / P5	<input type="checkbox"/>	Date <input type="text"/>
Other (Please specify)	<input type="text"/>	Date <input type="text"/>

2. Are you a member of a sanctioned paragliding club or national organisation?

No Yes (Please provide full details)

3. For how many years have you been paragliding?

4. Please provide details on the following:

a) Total number of flights to date

b) Number of flights in last 12 months

c) Estimated flights in next 12 months

d) Average altitude

e) Maximum altitude

f) Average duration

g) Maximum duration

5. Please describe the nature of the terrain over which you usually fly (e.g. coastal, lakes, mountainous, open country)

(Please provide full details)

6. Have you ever used, or do you intend to use a powered paraglider?

No Yes (Please provide full details)

7. Do you participate in, or expect to participate in any paragliding competitions? (e.g. endurance or cross country)

No Yes (Please provide full details)

8. Have you ever had your licence revoked, suspended or otherwise restricted?

No Yes (Please provide full details)

9. Have you ever had an accident or sustained an injury as a result of your paragliding activities?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date