

Skydiving, Mountain Climbing Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

Skydiving, Hang Gliding, Parachuting, Ballooning (Circle all that apply)

How many years have you been active in this sport? _____

	Jumps	Flights
Number of jumps / flights made in the past 12 months		
Number of jumps / flights made in the past 36 months		
Number of jumps / flights anticipated in the next 12 months		
Date of last jump / flight (month/day/year)		

Are you a paid professional? Yes No

Are you a member of a club or association? Yes No

If Yes, name of organization _____

Do you expect to participate in any record attempts or prototype testing? Yes No

If Yes, details please _____

What type of equipment is used? _____

Over what area (type of terrain) are jumps / flights made? _____

Climbing and Mountaineering

How many years have you been climbing? _____ How often _____

Are you a member of a club? Yes No If Yes, provide name _____

Where do you climb? (Please specify country and location) _____

On what type of terrain do you climb? (Circle all that apply) Rock Snow/Ice Artificial Walls Other

What is the maximum height to which you climb? _____

What is the degree of difficulty? (Circle which applies) Easy Moderate Difficult Severe

What type of equipment is used? _____

In what seasons do you climb? Circle all that apply Spring Summer Fall Winter

Do you ever climb alone or without a rope? Yes No

If yes, provide details – how often, location, degree of difficulty

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall Form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____ Date _____

Broker Submitting Questionnaire: _____

Address: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Please send completed form:

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