

NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

### PARACHUTE AND FREE JUMP QUESTIONNAIRE

1. Type of licence held: \_\_\_\_\_

2. Since when and where obtained? \_\_\_\_\_

3. Total number of jumps: \_\_\_\_\_

4. Name of club to which you belong: \_\_\_\_\_

5. Do you make professional jumps? Yes  No   
 Do you participate in records setting trials? Yes  No   
 Do you use experimental equipment? Yes  No

If yes, please dive details: \_\_\_\_\_

6. Have you ever had an accident while jumping? Yes  No   
 If yes, please give details: \_\_\_\_\_

7. Number of jumps in the last 12 months: \_\_\_\_\_

8. Number of jumps in the next 12 months: \_\_\_\_\_

9. From what altitude do you jump? \_\_\_\_\_ In which region? \_\_\_\_\_

10. Do you take any medication? Yes  No   
 If yes, please give details: \_\_\_\_\_

If your application is not approved standard do you wish:  a rating  
 an exclusion

I declare the information above is true and complete and will form part of my insurance application with **UL Mutual**.

X \_\_\_\_\_ X \_\_\_\_\_  
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X \_\_\_\_\_ X \_\_\_\_\_  
 WITNESS DATE