

Important: Fill out in block letters and answer each section as accurately as possible.

Application or contract number _____

Insured's first name _____ Last name _____

Date of birth

Y	Y	Y	Y	M	M	D	D
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Section A – Questionnaire

1. Do you have a licence? Yes No **If yes**, which type: _____
2. Where did you get your licence? _____ Date

Y	Y	Y	Y	M	M	D	D
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3. How many jumps have you done? _____
4. What skydiving club do you belong to? _____
5. What kind of jumps have you done?

Tandem	Professional	As an instructor	Attempt at a record	Using experimental equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had an accident while skydiving? Yes No **If yes**, please provide details:

7. How many times have you jumped in the last 12 months? _____
8. How many jumps do you plan to do over the next 12 months? _____
9. What altitude do you jump from? _____
10. Where do you jump? _____

If your application is not accepted on a standard basis, would you want: A rating An exclusion

Section B – Signatures

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with UV Insurance.

Signed at _____

Y	Y	Y	Y	M	M	D	D
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X _____ **X** _____

Signature of the person to be insured

Signature of owner (required if insured is a minor)