

Parachuting and Skydiving Questionnaire (to be completed by the member)

Member Full Name.....Date of birth.....

Policy number or scheme name.....

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information. If there is insufficient space please continue your answer on a separate piece of paper.

Please advise what type of skydiving license you hold and the date it was obtained.

Please advise the main reason for skydiving e.g. recreation / pleasure, commercial activity etc.

Are you a member of a sanctioned skydiving club or a national organisation? YES / NO
If yes, please provide details.

Please advise how many years you have been skydiving.

Please advise the number of jumps in the last 12 months.

Please advise the expected number of jumps in the next 12 months.

Please advise whether you have done the following in the last 3 years:

Participated in skydiving competitions YES / NO

Participated in free-style skydiving YES / NO

Participated in skyboarding or skysurfing YES / NO

Participated in BASE jumping YES / NO

Used experimental skydiving equipment YES / NO

If yes, please provide details including frequency.

Please advise as whether you expect to do the following in the next 3 years:

Participate in skydiving competitions YES / NO

Participate in free-style skydiving YES / NO

Participate in skyboarding or skysurfing YES / NO

Participate in BASE jumping YES / NO

Use experimental skydiving equipment YES / NO

If yes, please provide details including estimated frequency.

Have ever had an accident or injury as a result of your skydiving activities? YES / NO
If yes, please provide details.

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they will be entitled to declare this insurance invalid and not pay claims or not fully pay claims.

I undertake to inform the insurers of any changes to the answers and information I have provided (after the declaration has been completed and up to the date it is accepted by the insurers).

Signed.....Date.....

(Member)

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