

Paragliding 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 indicate the paragliding proficiency rating you hold and the date obtained:

RATING	DATE OBTAINED
None	YES / NO
Introductory / Student	YES / NO
Elementary/Basic/ P1	YES / NO
Novice / Club / P2	YES / NO
Intermediate / Sport / P3	YES / NO
Advanced / P4	YES / NO
Master / P5	YES / NO
Other	YES / NO

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

Please advise how many years you have been paragliding.

For the last 12 months please advise both the number of paragliding flights and number of hours you have flown.

For the next 12 months please advise both the expected number of paragliding flights and expected number of hours you will fly.

Please give details of the terrain over which you usually fly. E.g. Coastal, lakes, mountainous, open country etc.

Have you in the last 3 years:

Used a powered paraglider YES / NO

Participated in paragliding competitions including endurance or cross country etc. YES / NO

Used an experimental, prototype or a home built paraglider YES / NO

Participated in paragliding record attempts YES / NO

If yes, please provide details including frequency.

In the next 3 years do you intend to:

Use a powered paraglider YES / NO

Participate in paragliding competitions including endurance or cross country etc. YES / NO

Use an experimental, prototype or a home built paraglider YES / NO

Participate in paragliding record attempts YES / NO

If yes, please provide details including estimated frequency.

Have you ever had an accident or sustained an injury as a result of your paragliding 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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