



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

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 _____
 WITNESS DATE