

## AVOCATION QUESTIONNAIRE: SKY SPORTS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  UL  IUL  WL  VUL  Survivorship

Face Amount: \_\_\_\_\_ Premium Tolerance: \_\_\_\_\_

### Skydiving, Sky Surfing, Base Jumping and Parachuting

Type of Terrain	Jumps: Last 12 months	Jumps: Last 24 Months	Jumps: Last 36 Months	Jumps: Next 12 Months

Date of Last Jump: \_\_\_\_\_ Is client a paid professional?  No  Yes

Is the client an instructor or training to become an instructor or paid professional?  No  Yes

If yes, please provide details:

Is the client a member of a club or organization?  No  Yes

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

Has the client or is the client expecting to participate in any record attempts, stunts or prototype testing?

No  Yes If yes, please provide details:

Type of equipment used:

Any jumps outside the US?  No  Yes If yes, please provide details:

### Hang Gliding, Glicing, Ultralight Flying, Hot Air Ballooning\*

Type of Aircraft	Type of Terrain	Maximum Altitude	Total Number of Flights	Flights in Last 12 Months

\* Hot Air Ballooning:  Tethered  Free Flight

Is the client a licensed pilot:  No  Yes

If yes, certificate held: \_\_\_\_\_

Is the client a member of a club or organization?  No  Yes If yes, please provide details:

Has the client or is the client expecting to participate in any record attempts, stunts or prototype testing?

No  Yes If yes, please provide details:

Has the client or is the client expecting to engage in any kind of flying, ballooning or hang gliding not already indicated (e.g.) record attempts, experimental equipment, over large bodies of water, outside the US?

No  Yes If yes, please provide details:

Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: