

AIR ACTIVITY QUESTIONNAIRE

Name	Date of Birth (dd/mmm/yy)	Application #
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1. Please provide details of any certifications, licenses or codes of proficiencies attained	Date obtained (dd/mmm/yy)

2. Check type of activity done or anticipated:
<input type="radio"/> Ultralight <input type="radio"/> Balloon <input type="radio"/> Hang Glider <input type="radio"/> Sky diving / Parachuting <input type="radio"/> BASE jumping <input type="radio"/> Accelerated free fall <input type="radio"/> Other (specify) _____
<input type="radio"/> Single <input type="radio"/> Tandem

3. Construction:
<input type="radio"/> Home assembled <input type="radio"/> Factory assembled <input type="radio"/> Rigid wing <input type="radio"/> Built-in parachute <input type="radio"/> Motorized <input type="radio"/> Not motorized
Purpose of activity
<input type="radio"/> Student <input type="radio"/> Pleasure <input type="radio"/> Instructing <input type="radio"/> Business (specify) _____

4.	Total	Last 12 months	Next 12 months (anticipated)
Number of flights / jumps			
Number of hours			
Average height		Greatest height	
Average distance		Greatest distance	
Average duration		Greatest duration	

5. Who owns the equipment?
Who maintains the equipment?
Are you a member of an activity-related club or association? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.
Over what geographical areas does your activity take place?
Have you ever had an accident, injury or mishap related to your activity? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.
Do you participate in any competitions, exhibitions or record attempts? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.
Do you intend to change the nature of your air activities in the next 24 months? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.

6. Check type of policy desired:
<input type="radio"/> Full coverage subject to extra premium if required <input type="radio"/> Exclusion, no extra premium required

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant X	Signature of Witness X	Date (dd/mmm/yy)
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