AVOCATION QUESTIONNAIRE: SKY SPORTS

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current 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: _____

BROKERS ALLIANCE