## Underwriting Questionnaire **Sky sports**

Producer Name		Phone	Date				
Client Name		Date of Birth		_			
Male Female	Face Amount		Max Premium \$	/yr.			
□ Term □ Permanent	Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?					No	
Frequency	C	ate of last use		_ Туре			

## SKYDIVING, SKY SURFING, BASE JUMPING, PARACHUTING

		1		1	
Type of	Jumps in Last	Jumps in Last	Jumps in Last	Anticipated Jumps in the	
Terrain	12 Months	24 Months	36 Months	Next 12 Months	
Date of last jump		Is the client a paid professi	onal 🗌 Yes 🗌 No		
Is the client an instructor or	in training to become an	instructor and/or paid profe	ssional 🗌 Yes 🗌 No	lf yes, provide details	
Type of equipment used					
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Any jumps outside the US	□ Yes □ No If yes, p	provide details			
HANG GLIDING, GLIDING	, ULTRALIGHT FLYING, F	IOT AIR BALLOONING*			
Type of Aircraft	Type of Terrain	Maximum Flight Altitude	Total Number of Flights	Flights in Last 12 Months	
*Hot air ballooning	Tethered □Free flig	ht			
Is the client a licensed pilot	☐ Yes ☐ No If yes,	certificate held			
Is the client a member of a	club or organization $\Box$ Y	′es □ No If yes, provide	name		
Has the client or is the clien	t ovporting to participate	in any record attempts, stun	ting wants or protetype t		
If yes, provide details		in any record attempts, stun	ing events, or prototype t		

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