



# Parachuting/Sky Diving Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_

(DD/MM/YYYY)

1	TYPES OF JUMPS	LIFETIME		LAST 12 MONTHS		NEXT 12 MONTHS	
		NUMBER OF JUMPS LOGGED	AVERAGE HEIGHT PER JUMP	NUMBER OF JUMPS LOGGED	AVERAGE HEIGHT PER JUMP	NUMBER OF JUMPS EXPECTED	AVERAGE HEIGHT PER JUMP
	Recreation						
	Professional						
	Record Attempts						
	Experiment						

2 Do you Jump as an amateur? ..... Yes No  
Professional? ..... Yes No

3 Are you affiliated with a Parachute Club? ..... Yes No  
Name of Club? \_\_\_\_\_ How long? \_\_\_\_\_

4 a) Any record attempts? ..... Yes No  
Describe: \_\_\_\_\_

b) Any "free fall" activities? ..... Yes No  
Describe: \_\_\_\_\_

5 Do you jump over a) land? Describe terrain: \_\_\_\_\_  
b) water? \_\_\_\_\_

6 Do you use or have you ever used experimental equipment or rigging? ..... Yes No  
Please describe: \_\_\_\_\_

7 Please give any other information concerning your activities not included above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Insured

Signature of Witness

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