

EXTREME SPORTS QUESTIONNAIRE

Application No:

Full name of life to be assured:

1. Type of event/sport in which you are engaged:

2. Are you an amateur or a professional:

3. Do you hold any professional Qualification in relation to the event/sport? Yes ☐ No ☐

4. Have you undergone any formal Training? Yes ☐ No ☐

5. How long have you been engaged in this event/sport : Yrs

6. Do you ever engage in this sport/event unaccompanied? Yes ☐ No ☐

If YES, please state how often and under what conditions.

7. Please state:

Number of events per annum: and provide details for each event:

Distance	Height	Speed	Location

8. When were you last medically examined for the purpose of this sport:

9. Were any restrictions imposed after medical examination? Yes ☐ No ☐

If YES, please give details:

10. Have you ever suffered any illness or Injury due to this event? Yes ☐ No ☐

If YES, please give details:

I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

Place:

Signature of the life to be assured/Proposer