

Aerial Sports Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
 Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
 Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
 Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
 Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
 Maximum Premium Tolerance Per Year: _____
 Has Client Ever Used Any Form Of Nicotine? No Yes
 Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
 Frequency: _____ Date Last Used _____
 Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Please choose the avocation from the list below:
 Sky diving Ballooning Parasailing and parascending Hang-gliding / Parachuting (excluding BASE jumping)
 Sky surfing Other: _____ If hang glider or ultra-lights please complete aviation questionnaire
- 2) Choose one of the following: Stunt Person Instructor Amateur Other professional
- 3) Are you a member of a club associated with your sport? Yes No If yes; please provide details

- 4) Choose usual location: Over land Over cliffs and ridges Over water
- 5) Have you ever or do you plan to do any experimental jumping or delayed chute openings?
 Yes No If yes; provide complete details

6) Complete the following table regarding the number of flights or jumps

12 to 24 months ago	Last 12 months	Estimated next 12 months	Total Number to Date

7) If there is any additional information regarding you avocation please provide details:

Please use additional pages if needed



2633 E. Indian School Road, Suite 410
 Phoenix, Arizona 85016
 P: 602-494-9500 P: 800-516-0283
 F: 602-494-0500