

Supplement to application for life insurance on the life of _____

SKYDIVING, HANG GLIDING, PARACHUTING, OR BALLOONING:

How many years have you been active in this sport? _____

	Jumps	Flights
Number of jumps / flights made	_____	_____
In the past 12 months	_____	_____
In the past 36 months	_____	_____
Number of jumps / flights anticipated in next 12 months	_____	_____
Date of last jump / flight (month/day/year)	_____	_____

Are you a paid professional? Yes No

Are you a member of a club or association? Yes No

If yes, name of organization _____

Do you expect to participate in any record attempts or prototype testing? Yes No

If yes, provide details _____

What type of equipment is used? _____

Over what area (type of terrain) are jumps / flights made? _____

CLIMBING AND MOUNTAINEERING:

How many years have you been climbing? _____ How often? _____

Are you a member of a club? If yes, provide name _____

Where do you climb? (Please specify country and location) _____

On what type of terrain do you climb? rock snow/ice artificial walls other _____

What is the maximum height to which you climb? _____

What is the degree of difficulty? (check all that apply) easy moderate difficult severe

What type of equipment is used? _____

In what seasons do you climb? (check all that apply) spring summer fall winter

Do you ever climb alone or without a rope? Yes No

If yes, provide details - how often, location, degree of difficulty _____

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____

Date _____