

Hang Gliding Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Number of flights in the past 3 years:	
Number of flights in the past 12 months:	
Number of flights contemplated in the next 12 months:	
Date of last flight:	
From what types of areas do flights begin? (e.g. cliffs, ledges, hillsides, other)?	
Estimated distance of flights:	
Estimated maximum height of flights:	
Does the applicant fly a self made or homemade craft? If so, please give details.	
Is the applicant a member of a hang gliding club? If so, please give details.	
Other Information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.