



Parachuting or Skydiving Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Number of jumps in the past 3 years:	
Number of jumps in the past year:	
Number of jumps contemplated in the next 12 months:	
Date of last jump:	
Types of jumps made (delay jumps, stunting, etc.)	
What is your status?	Amateur Professional Other:
Do you belong to a parachuting or skydiving club? If yes, 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.