

## Sky Diving Questionnaire

### SECTION I: AGENT INFORMATION

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

### SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex:  Male  Female

Smoker:  Smoker  Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:  
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current  
premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

What is the maximum altitude at which your client jumps?

Number of jumps in the last 12 months?

Number of jumps expected in the next 12 months?

Any special certifications?

Is client considered an amateur who jumps with a club or does client do any jumps considered experimental?