

Sports aviation questionnaire

(Hang gliding, paragliding, parachuting, manned kiting, ballooning)

Application number:

Person to be Insured:

1) Please advise the type of activity you participate in. eg hang gliding, paragliding, parachuting, ballooning, manned kiting.

2) How long have you been doing this activity?

	Years	Months
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3) Are you a member of a club, association or organisation?

Yes No

4) Please advise level of certification held or details of any formal instruction undertaken with the relevant sports federation, eg Gliding New Zealand.

5) Please complete the following table in respect of each activity you currently engage or intend to engage in:

	Number of flights/jumps in the last year	Maximum height	Expected number of flights/jumps each year	Maximum height	Location
Hang gliding – Self launched – Towed					
Manned kiting*					
Ballooning		/		/	
Parachuting		/		/	

*For this activity please advise type of kiting, whether towed over land or water and whether towed by a licensed commercial operator.

6) Do you expect to participate in any form of competition flying or record attempts, or to carry out any prototype testing? Yes No

If 'yes', please provide details.

7) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice? Yes No

If 'yes', please provide details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the Person to be Insured

Date / /