

Skydiving Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. How long has the proposed insured been skydiving? _____

2. How many jumps:
a) In the past 12 months? _____
b) In the year before that? _____

3. Does the proposed insured take part in exhibitions or competitions? Yes No
If yes, provide details: _____

4. Does the proposed insured receive remuneration for skydiving activity? Yes No
If yes, provide details: _____

5. Is the proposed insured an airline pilot, or do they intend to become one? Yes No
If yes, complete the Aviation Questionnaire.

6. Has the proposed insured ever had a skydiving accident? Yes No
If yes, provide details: _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.