



# Skydiving Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$ \_\_\_\_\_ Type of Insurance:  UL  WL  SUL  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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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