



# Parachuting/Sky Diving Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
Fax: 1-877-767-0477

Policy Number: \_\_\_\_\_

**PLEASE PRINT**

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: DD / MM / YYYY

1	TYPES OF JUMPS	LIFETIME		LAST 12 MONTHS		NEXT 12 MONTHS	
		NUMBER OF JUMPS LOGGED	AVERAGE HEIGHT PER JUMP	NUMBER OF JUMPS LOGGED	AVERAGE HEIGHT PER JUMP	NUMBER OF JUMPS EXPECTED	AVERAGE HEIGHT PER JUMP
	Recreation						
	Professional						
	Record Attempts						
	Experiment						

2 Do you Jump as an amateur? .....  Yes  No  
 Professional? .....  Yes  No

3 Are you affiliated with a Parachute Club? .....  Yes  No  
 Name of Club? \_\_\_\_\_ How long? \_\_\_\_\_

4 a) Any record attempts? .....  Yes  No  
 Describe: \_\_\_\_\_

b) Any "free fall" activities? .....  Yes  No  
 Describe: \_\_\_\_\_

5 Do you jump over a) land? Describe terrain: \_\_\_\_\_  
 b) water? \_\_\_\_\_

6 Do you use or have you ever used experimental equipment or rigging? .....  Yes  No  
 Please describe: \_\_\_\_\_

7 Please give any other information concerning your activities not included above:  
 \_\_\_\_\_  
 \_\_\_\_\_

8 Other Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness

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