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HANG GLIDING QUESTIONNAIRE

Name of Proposed Insured: _____

Date of Birth: _____

1. Do you belong to a club affiliated with any hang gliding organizations? YES NO

2. Do you follow the regulations and safety standards for hang gliding? YES NO

⇒ If “no,” please explain:

3. How long have you been hang gliding? _____

4. Number of flights

a. Last 12 months: _____

b. One to two years ago: _____

5. Do you take part in exhibition or competition? YES NO

⇒ If “yes,” describe the nature of these events:

6. Have you or do you intend to attempt any height, distance or duration records? YES NO

⇒ If “yes,” give details:

7. Do you receive remuneration for hang gliding activity? YES NO

⇒ If “yes,” give full details:

8. Are you an airplane pilot or do you intend to become one? YES NO

⇒ If “yes,” complete Aviation Questionnaire (form #421)

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

Signature of Proposed Insured

Date