



1455 West Lake Street  
 Minneapolis, MN 55408-2666  
 Phone (612) 827-3611  
 Toll Free (800) 945-8851  
 Fax (612) 827-0658  
[www.sonsofnorway.com](http://www.sonsofnorway.com)

## SKY DIVING QUESTIONNAIRE

Name of Proposed Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Do you belong to a club affiliated with the United States Parachute Association?  YES  NO

2. Do you follow the regulations and safety standards established by the United States Parachute Association?  YES  NO

⇒ If "no," please explain:

\_\_\_\_\_  
 \_\_\_\_\_

3. How long have you been sky diving? \_\_\_\_\_

4. Number of jumps:

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. Do you receive remuneration for sky diving activity?  YES  NO

⇒ If "yes," give full details:

\_\_\_\_\_  
 \_\_\_\_\_

7. 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*