

Identification

Policy number:

Last name of person to be insured:

First name of person to be insured:

Date of birth: / /
year / month / day

Section Skydiving

1. Are you a member of an official club? Yes No

2. If yes, name of club?

3. What are the national or international regulations that govern your club, if applicable?

4. What type of permit do you have?

5. Have you ever had a parachuting accident? Yes No

If yes, provide details:

6. Do you participate or plan to participate in jump involving :

- High altitude
- Stunt or acrobatics
- Delayed shout opening
- Record attempts
- Experimental equipment
- Other

If other, provide details

7. Do you skydive for pleasure or as a competitive sport?

8. a) Over what region do you usually jump?

b) Where do you intend to jump in the future?



Skidiving (...continued)

9. Do you intend to participate in national or international competitions? Yes No

10. How many jumps have you logged? _____

11. How many jumps have you, or do you intend making in:

last 12 months _____ last 12 to 24 months _____ next 12 months _____

Section Hang gliding

1. When did you first practice hang gliding? _____

2. Where and over what region do you hang glide? _____

3. How many jumps have you logged in the last 12 months? _____

4. How many take-offs have you logged in the previous year? _____

5. How many take-offs do you intent to make in the futur? _____

6. Are you part of a club or a recognized association? _____

7. Do you use experimental or not-factory-built equipment? Yes No

If yes, details: _____

8. Have you ever had a hang gliding accident? Yes No

If yes, details: _____

If you cannot meet the standards of full coverage at standard rates, would you prefer:

Full coverage with an extra premium, if we can offer this to you?

Coverage with restrictions, at standard premium, if we can offer this to you?

Signatures

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
year				/	month		/	day

Signature of person to be insured _____

Signature of witness _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6