BROOKFIELD PARTNERS

Skydiving Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

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: