



Sky Sports

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

SKYDIVING, SKY SURFING, BASE JUMPING, PARACHUTING

Type of Terrain	Jumps in Last 12 Months	Jumps in Last 24 Months	Jumps in Last 36 Months	Anticipated Jumps in the Next 12 Months

Date of last jump _____ Is the client a paid professional Yes No

Is the client an instructor or in training to become an instructor and/or paid professional Yes No If yes, provide details _____

Type of equipment used _____

Any jumps outside the US Yes No If yes, provide details _____

HANG GLIDING, GLIDING, ULTRALIGHT FLYING, HOT AIR BALLOONING*

Type of Aircraft	Type of Terrain	Maximum Flight Altitude	Total Number of Flights	Flights in Last 12 Months

*Hot air ballooning Tethered Free flight

Is the client a licensed pilot Yes No If yes, certificate held _____

Is the client a member of a club or organization Yes No If yes, provide name _____

Has the client or is the client expecting to participate in any record attempts, stunting events, or prototype testing Yes No
If yes, provide details _____