



Hazardous Pursuits Supplementary Questionnaire (Q39)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Questions

1. Please indicate the type(s) of activities / sports that you are involved in: _____

2. Please indicate in what capacity you are participating in these activities / sports:

- Amateur Professional Instructor Leisure / Pleasure Competition
 Record attempts Others, please specify: _____

3. Please state the qualifications that you hold in relation to these activities / sports: _____

4. Do you belong to any club or association?

- Yes No

If 'Yes', please provide details: _____

5. Please indicate the frequency of participation per annum: _____

6. Please complete the following, where applicable:

(a) Diving

i. Average depth of dives (metres): _____

ii. Maximum depth of dives (metres): _____

iii. Do you dive alone and unaccompanied?

- Yes No

iv. Do you participate in cave or wreck diving or other more hazardous diving activities?

- Yes No

If 'Yes', please provide details: _____

(b) Motor Racing

Make and Type / Formula of Vehicle	Engine Capacity	Number of Circuit	Type of Track / Circuit	Number of Competition to-date

(c) Parachuting / Skydiving

- Static line Synchronic jump Free fall Formation jump
 Competition

Please specify frequency per annum: _____

(d) Aviation

i. Type(s) of aircraft: _____

ii. When did you learn to fly? _____

iii. Number of hours you have flown in the past 12 months: _____

iv. Number of hours you will fly in the next 12 months: _____

v. Do you fly in any other capacity?

- Yes No

If 'Yes', please provide details:

Type of Aircraft	Average Hours Per Annum	Purpose

(e) Mountaineering / climbing

i. Which of the following activities do you perform?

Please tick accordingly and provide details:

Yes	No	Category	Level (UIAA or Equivalent)	Frequency Per Year			Height (metres)
				Guided	In Groups	Solo	
		Artificial Climbing Wall (ACW)					
		Adventure / Climbing Parks					
		Hiking					
		Trekking					
		Rock climbing with safety gear					
		Rock climbing without safety gear					
		Ice climbing (secured)					
		Ice climbing (unsecured)					
		Caving / potholing					
		Expeditions / remote areas					
		Others :					

ii. In which region do you perform the sport(s)?

Please tick accordingly and provide details:

Yes	No	Region	Height (metres)
		Africa	
		Asia	
		Europe	
		North America	
		South America	
		South Pacific	
		Others :	

iii. Do you use assisting tools in your descent (eg kites, paraglides, skis, snowboard)?

Yes No

If 'Yes', please provide details: _____

iv. Do you have any planned pursuits (including altitudes and degree of difficulty)?

Yes No

If 'Yes', please provide details: _____

7. Do you use any equipment?

Yes No

If 'Yes', please provide details: _____

8. Have you ever been injured while participating in this activity / sport?

Yes No

If 'Yes', please provide details on exact diagnosis, date, treatment and sequence of the injury / accident:

9. Is there any intention to become a professional?

Yes No

If 'Yes', please provide details: _____

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our lifestyle/activities and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)