



## 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 \_\_\_\_\_