

Form Pst 03 - Supplementary Questionnaire Hang-gliding/Para-gliding

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. For how long have you been gliding?

2. State how many hours participated in the last year.

3. State how many anticipated future hours per annum.

4. State from what type of location.

5. How are you launched, (ie: towed, winched, jump from clifftops etc)

6. Are you a member of BHGPA or other affiliated hang-gliding or national para-gliding associations?
Yes No If **yes**, please give details:

7. Are you likely to para-glide or hang-glide abroad?
Yes No If **yes**, please give details:

8. Do you engage in competitive flying or record attempts?
Yes No If **yes**, please give details:

9. Please add any other information which you think may be of help in our assessment of your application:

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.