

**Form Pst 06 - Supplementary Questionnaire**  
**Parachuting/Skydiving**

**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answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.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. How many Static Line jumps do you expect to make this year?

2. How many Free Fall jumps do you expect to make this year?

3. Are you a member of a display team?

Yes  No

4. Are you a member of a club that is affiliated to the British Parachute Association?

Yes  No  If **yes**, please give full details:

5. How many years experience do you have?

6. Do you, or are you likely to, engage in advanced exhibition jumping, competition parachuting or record attempts?

Yes  No  If **yes**, please give full details:

7. Any other information, which may help us when processing 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any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.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.