

# UNITED OF OMAHA LIFE INSURANCE COMPANY

## SKYDIVING QUESTIONNAIRE



In continuation and forming a part of my application to United of Omaha Life Insurance Company and for the express purpose of inducing said Company to issue insurance upon my life, I submit the following. I declare that this information is complete and true, and that no material facts have been withheld.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print

1. Do you belong to a club affiliated with the United States Parachute Association? Yes ☐ No ☐  
If "Yes," do you hold amateur or professional affiliation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you follow the regulations and safety standards established by the United States Parachute Association? ☐ ☐  
If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you been skydiving? \_\_\_\_\_

4. Number of jumps:  
(a) Last 12 months \_\_\_\_\_  
(b) One to two years ago \_\_\_\_\_

5. Do you take part in exhibitions or competition? ☐ ☐  
If "Yes," describe the nature of these events \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you receive remuneration for skydiving activity? ☐ ☐  
If "Yes," give full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you an airplane pilot or do you intend to become one? ☐ ☐  
If "Yes," complete Aviation Questionnaire form L4833.

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree that they shall form a part of my application and become a part of any contract of insurance issued in consequence of such application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness

Signature of Proposed Insured

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. BOX 2476 • OMAHA, NE 68103

*ATTN: Life Brokerage Services*