



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226  
Tel. No. 8812-9015 \* Fax No. 8812-9039

### PARACHUTING / SKY DIVING QUESTIONNAIRE

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. What class of license do you have? \_\_\_\_\_
2. Date obtained and from where? \_\_\_\_\_
3. How many jumps have you logged? \_\_\_\_\_
4. What club do you belong to? \_\_\_\_\_
5. Do you jump professionally, compete for record attempts, use experimental equipment? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What type of events do you compete in? \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had an accident parachuting? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Number of jumps last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

I represent, to the best of my knowledge and belief, that all the above statements and answers are complete and true. I agree that they will form part of my application to the United Coconut Planters Life Assurance Corporation and become part of any contract of insurance issued as a result of that application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

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WITNESS

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SIGNATURE OF PROPOSED INSURED