



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 _____

WITNESS

SIGNATURE OF PROPOSED INSURED