

Paragliding & Parascending Questionnaire – Confidential

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

1. For how many years have you been hang-gliding?

2. Are you a member of a club? Yes No If Yes, please state which one.

3. Do you hold a pilot rating for cross-country or higher? Yes No If Yes, please give details below.

4. Are you an instructor? Yes No

5. Flying completed and intended flying:

| | Hours flown in last 12 months | Estimated hours in next 12 months | Total hours flown to date |
|--------------------------|-------------------------------|-----------------------------------|---------------------------|
| Paragliding/Parascending | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. Where do you hang-glide?

7. Which method of launching do you use?

8. Do you expect to participate in any form of competition flying, record attempts or to carry out any prototype testing? Yes No If Yes, please give full details below.

9. Have you been involved in any accidents? Yes No If Yes, please give full details below.

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)