

## Parachuting Questionnaire – Confidential

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

1. Do you parachute as a member of the armed forces or as a civilian?

2. Are you a member of a club? Yes  No  If Yes, please provide full details.

3. Nature of jumps? Tandem  Static Line  Free Fall

4. How many years experience do you have?

5. How many jumps per year do you make?

6. How many jumps in total have you made?

7. Have you ever or do you intend to jump in competitions or record attempts? Yes  No  If Yes, please provide details below.

8. Do you jump for pleasure, competition or record attempts?

9. If static line jumping only is performed, do you intend to progress to free fall jumping? Yes  No  If Yes, please provide details below.

10. Have you ever injured yourself during a parachute jump? Yes  No  If Yes, please provide details below.

11. Geographically, where do you participate in parachuting?

**Data Protection Act**

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of RL360° 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)