

APPLICANT INFORMATION

NAME OF APPLICANT _____ DATE OF BIRTH _____
DAY MONTH YEAR

DETAILS

1. Do you have a licence? YES NO If YES, date issued: _____

2. Is a licence compulsory in your area? YES NO

3. Are you a member of a club? YES NO

4. How long have you been skydiving?

5. What type of parachuting do you participate in (e.g. canopy piloting, freestyle, freeflying or formation jumping, record attempts, etc.)?

6. (a) Number of jumps made in the last: 12 months last 12-24 months last 24-36 months
 (b) Number of jumps anticipated in the next 12 months:

7. What are your future plans or intentions related to skydiving?

8. (a) Do you enter competition? YES NO (b) Do you receive remuneration? YES NO

9. Over what area is the jumping done?

10. What is the altitude from which you jump?

11. Describe type and ownership of the planes used:

12. Have you ever incurred any injury as a result of skydiving or parachuting? If YES, please provide details: YES NO

13. Do you ever jump under unsanctioned conditions? YES NO

14. Additional information:

15. If skydiving sport requires an extra premium or an exclusion rider, which would you prefer? Extra premium Exclusion rider

AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ DATE

_____ SIGNATURE OF INSURED

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872