



**Banner Life Insurance Company**  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 638-8428

## Skydiving, Mountain Climbing Questionnaire Supplement to Application

Supplement to application for life insurance on the life of \_\_\_\_\_

### SKYDIVING, HANG GLIDING, PARACHUTING, OR BALLOONING:

How many years have you been active in this sport? \_\_\_\_\_

	Jumps	Flights
Number of jumps / flights made	_____	_____
In the past 12 months	_____	_____
In the past 36 months	_____	_____
Number of jumps / flights anticipated in next 12 months	_____	_____
Date of last jump / flight (month/day/year)	_____	_____

Are you a paid professional?  Yes  No  
 Are you a member of a club or association?  Yes  No  
 If yes, name of organization \_\_\_\_\_

Do you expect to participate in any record attempts or prototype testing within 2 years?  Yes  No  
 If yes, provide details \_\_\_\_\_

What type of equipment is used? \_\_\_\_\_

Over what area (type of terrain) are jumps / flights made? \_\_\_\_\_

### CLIMBING AND MOUNTAINEERING:

How many years have you been climbing? \_\_\_\_\_ How often? \_\_\_\_\_

Are you a member of a club? If yes, provide name \_\_\_\_\_

Where do you climb? (Please specify country and location) \_\_\_\_\_

On what type of terrain do you climb?  rock  snow/ice  artificial walls  other \_\_\_\_\_

What is the maximum height to which you climb? \_\_\_\_\_

What is the degree of difficulty? (check all that apply)  easy  moderate  difficult  severe

What type of equipment is used? \_\_\_\_\_

In what seasons do you climb? (check all that apply)  spring  summer  fall  winter

Do you ever climb alone or without a rope?  Yes  No

If yes, provide details - how often, location, degree of difficulty \_\_\_\_\_

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_