

# Aerial activities questionnaire



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| Evidence no. (For H.O. use only)<br>E # |
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|                               |                |           |                            |
|-------------------------------|----------------|-----------|----------------------------|
| Proposed insured's first name | Middle initial | Last name | Date of birth (dd-mm-yyyy) |
| Advisor's first name          | Middle initial | Last name | Advisor's no.              |

1. Type of activity:

- Ultra-light flying      Hang gliding      Sky diving/parachuting  
 Ballooning      Para-kiting      Other (specify) \_\_\_\_\_

2. Are you a member of an organized club for this type of activity?    Yes    No

3. Give details of your training and certification.

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4. a) How long have you been participating in this activity?

- b) Number of times participating: last 2 years?  this year?  next year?

c) Have you ever had an accident skydiving/parachuting?    Yes    No   If 'yes', give details in the box below.

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5. a) Type of participation:

- as an amateur      as an instructor      other (give details in the box below)  
 in exhibitions      in attempts for altitude or distance records or any other record attempts  
 for remuneration or profit      using experimental equipment (give details in the box below)

b) Give details to clarify above participation.

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**Declaration:** I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

|                        |                            |                   |                                    |
|------------------------|----------------------------|-------------------|------------------------------------|
| Location signed (city) | Location signed (province) | Date (dd-mm-yyyy) | Signature of proposed insured<br>X |
|------------------------|----------------------------|-------------------|------------------------------------|

**Please submit only one copy of this document.**  
**Career Sales Force advisors: Original or fax toll-free to 1-866-487-4745.**  
**All others: Through your MGA or National Account.**

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| Policy no. |
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| For SLF use:<br>PIAVOCAE |
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