

LIFE INSURANCE CORPORATION OF INDIA
Aviation-related sports questionnaire
(Occupation Code-009)

Proposal No:

Name of the life to be assured:

1	Category:		
	a. Powered aviation sports:		
	Aerobatic flying	Yes <input type="radio"/>	No <input type="radio"/>
	Air racing	Yes <input type="radio"/>	No <input type="radio"/>
	Autogyros and/or gyroplanes	Yes <input type="radio"/>	No <input type="radio"/>
	Self-launching gliders	Yes <input type="radio"/>	No <input type="radio"/>
	Powered hang-gliding	Yes <input type="radio"/>	No <input type="radio"/>
	Microlighting	Yes <input type="radio"/>	No <input type="radio"/>
	b. Non-powered aviation sports:		
	Ballooning	Yes <input type="radio"/>	No <input type="radio"/>
	Unpowered /self-sustaining gliders	Yes <input type="radio"/>	No <input type="radio"/>
	Non-powered hang-gliding	Yes <input type="radio"/>	No <input type="radio"/>
	Paragliding and parascending	Yes <input type="radio"/>	No <input type="radio"/>
	Parachuting :		
	Static line	Yes <input type="radio"/>	No <input type="radio"/>
	Free -fall or competition jumping	Yes <input type="radio"/>	No <input type="radio"/>
	BASE jumping	Yes <input type="radio"/>	No <input type="radio"/>
	Skydiving and sky surfing	Yes <input type="radio"/>	No <input type="radio"/>
2	For each category a and b where 'Yes' is selected, please provide the frequency and total hours per year that you participate in the sport.		
3	For each category a and b where 'Yes' is selected, please provide the frequency and total hours per year that you participate in the sport.		
4	Please provide full details of your status (professional, instructor, competitive amateur* or amateur) and licence (certificate).		
5	Please provide full details of any future exhibitions, public displays, prototype testing or record attempts.		
6	Please give any other details which you believe may influence the risk for insurance purposes (e.g. experience, club membership, etc.).		

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20

Signature of the life assured