

Hazardous Hobby Questionnaire regarding paragliding, skydiving & bungee jumping

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Hazardous Hobby Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No / Proposal No	
Name of Life to be Assured	
1) Kindly tick on hazardous sports you are involved in.	<input type="checkbox"/> Paragliding <input type="checkbox"/> Skydiving <input type="checkbox"/> Bungee jumping
2) Are you involved in paragliding? If yes, kindly answer the following questions. If no, refer to question no. (3), (4), (5) and (6).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.a) Are you a member of any professional association? If yes, kindly name the association.	Yes / No
2.b) Please specify the number of paragliding flights per year.	
3) Are you involved in skydiving? If yes, kindly answer the following questions. If no, refer to question no. (4), (5) and (6).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.a) For how many years you have been participating in skydiving?	
3.b) How many jumps have you made till date?	
3.c) How many jumps per year do you intend to take in future?	
3.d) Do you expect to participate in any skydiving competitions or record attempts? If yes, please mention the nature of the jump i.e. static line or free fall.	Yes / No
4) Are you involved in bungee jumping? If yes, kindly answer the following questions. If no, refer to question no. (5) and (6).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.a) Please specify the number of jumps that you undertake per year.	

4.b) Are you a jumpmaster?	Yes / No
5) Have you met with any accident on account of hazardous sports? If yes, kindly mention the date of accident and extent of injuries sustained.	Yes / No
6) Do you suffer from any kind of health ailment on account of hazardous sports? If yes, mention exact diagnosed condition.	Yes / No

❖ **An incomplete Questionnaire will not be considered valid.**

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb impression
(Proposed Policy Holder if different
from Life to be Assured)

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....
Place:.....

Name and address of the declarant _____

HDFC Life Insurance Company Limited. CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com