

Parachuting Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Parachuting 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 in full	
1. Are you involved in parachuting as a member of the armed services or as a hobby? (Kindly tick)	<input type="checkbox"/> Armed services <input type="checkbox"/> Hobby <input type="checkbox"/> Any other, specify.....
2. Are you a member of any club? If yes, please mention the name of the club.	Yes / No
3. Please tick on the nature of jump.	<input type="checkbox"/> Static Line Jumps <input type="checkbox"/> Free-fall jumps or Competition Jumping <input type="checkbox"/> Any other, specify.....
4. If you are involved in Static line jumps kindly answer the following.	
4.a) For how many years have you been participating in static line jumping?	
4.b) How many jumps have you made till date	Number
4.c) How many jumps per annum do you intend to make in future?	Number
5. Do you intend to progress to free-fall jumps? If yes, please mention the likely number of jumps per annum.	Yes / No
6. If you are involved in Free-fall jumps or Competition Jumping kindly answer the following	
6.a) For how many years have you been participating in free-fall jumping?	
6.b) How many jumps have you made till date?	Number
6.c) How many jumps per annum do you intend to make in future?	Number

7. Do you expect to participate in any record attempts? If yes, please mention the nature of jumps, for example static line or free-fall.	Yes / No
8. Have you ever met with an accident on account of parachuting? If yes kindly mention the date when you met with an accident and extent of injuries sustained.	Yes / No
9. Do you suffer from any kind of health ailment on account of parachuting? If yes mention the 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