ICICI PRUDENTIAL LIFE INSURANCE

High Risk Avocation (Hobby) Questionnaire : Other Extreme Avocation

Application No. | | | | | | | | | | | Abha ID:

Name of Proposer (Policy Owner):

Name of Life Assured (Person being insured by the policy)

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete avocation (hobby) details as required in the questionnaire below. Suppressing avocation (hobby) related information or providing incorrect information may impact the claims payout.

Other Extreme Avocation Related Details of Life Assured

Please mention your Activity Type/Role (Can select multiple options)

☐ Skiing ☐ Jumping ☐ Hot Air Balloon Riding ☐ Snow Motorcycling ☐ Caving And Potholing

☐ Zorbing ☐ Any Other

A. Skiing

1. Subtype

☐ Pleasure Only ☐ Cross Country ☐ Biathlon ☐ Snowboarding ☐ Snowmobiling

☐ Without Competition ☐ With Competition ☐ Professional ☐ Extreme Skiing ☐ All Other Events

2. Please specify maximum height / depth / attempted.

Please mention max height or dept in kilometre. Kilometre flying starts on ski

3. Are you member of any club/ organization? Yes ☐ No ☐

Please mention club/ organization detail

4. Is your activity/ avocation is associated with any specific hazard? Yes ☐ No ☐

Please specify the hazard

5. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

B. Jumping

1. Subtype

☐ Jumping From Height ☐ Bungee Jumping ☐ Rocket Jumping ☐ Scad Jumping ☐ Snow Jumping

☐ Barrel Jumping

2. Please specify maximum height / depth / attempted.

☐ Less Than 5 Jumps ☐ Greater Than 5 Jumps

3. **Are you member of any club/ organization?** Yes ☐ No ☐

Please mention club/ organization detail

4. **Is your activity/ avocation is associated with any specific hazard?** Yes ☐ No ☐

Please specify the hazard

5. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

C. Hot Air Balloon Riding

1. **Subtype**

☐ Record Attempt ☐ Equipment Testing ☐ Tethered Balloons ☐ Competition Flying ☐ Instructor

☐ Dirigible/Motorised Balloons ☐ Free-Flying Balloons

2. **Please specify maximum height / depth / attempted**

☐ Less Than 50 Hours Flying Per Year ☐ 50-100 Hours Flying Per Year ☐ 100-200 Hours Flying Per Year

☐ Greater Than 200 Hours Flying Per Year

3. **Are you member of any club/ organization?** Yes ☐ No ☐

Please mention club/ organization detail

4. **Is your activity/ avocation is associated with any specific hazard?** Yes ☐ No ☐

Please specify the hazard

5. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

D. Snow Motorcycling

1. **Subtype**

☐ Endurance-Raids ☐ Track Speed ☐ Circuit Cross ☐ Mountain Racing ☐ Dragster

☐ Asphalt Roads Racing Single Seater Vehicle ☐ Two Seater Vehicle (4 wheels)

2. **Please specify maximum height / depth / attempted**

☐ Less Than Or Equal To 400 cc ☐ Greater Than 400cc

3. **Are you member of any club/ organization?** Yes ☐ No ☐

Please mention club/ organization detail

4. **Is your activity/ avocation is associated with any specific hazard?** Yes ☐ No ☐

Please specify the hazard

5. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

E. Caving And Potholing

1. Subtype

☐ Cave Grades 1 To 3 ☐ Cave Grades 4 And Above ☐ Expedition Caving ☐ International Activity

☐ Caving Instructors ☐ Active Cave Rescue Personnel

2. Please specify maximum height / depth / attempted

☐ Less Than or Equal To 25 Caving Trips Per Year ☐ Greater Than 25 Caving Trips Per Year

3. Are you member of any club/ organization? Yes ☐ No ☐

Please mention club/ organization detail

4. Is your activity/ avocation is associated with any specific hazard? Yes ☐ No ☐

Please specify the hazard

5. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

F. Zorbing

1. Subtype

☐ Recreational Or 'One-Off' Activity Only ☐ Instructor Level ☐ Whether Integral Part Of An Individual's Job Function

2. Please specify maximum height / depth / attempted

☐ Less Than Or Equal To 10 Times Per Year ☐ Greater Than 10 Times Per Year

3. Are you member of any club/ organization? Yes ☐ No ☐

Please mention club/ organization detail

4. Is your activity/ avocation is associated with any specific hazard? Yes ☐ No ☐

Please specify the hazard

5. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

G. Any Other

1. Name of Avocation /Activity

2. Are you member of any club/ organization? Yes ☐ No ☐

Please mention club/ organization detail

3. Is your activity/ avocation is associated with any specific hazard? Yes ☐ No ☐

Please specify the hazard

4. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

Please provide- Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer