ICICI PRUDENTIAL LIFE INSURANCE

High Risk Avocation (Hobby) Questionnaire : Paragliding

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.

Paragliding Related Details of Life Assured

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

☐ Pleasure only ☐ Instructor ☐ Record Attempt Or Competition Flying

☐ Testing Prototypes Or Repaired/Modified Canopies ☐ Pilot

A. Pleasure only

1. **Number of flights per year? (Select Single option)**

   ☐ Less Than 25 Flights Per Annum ☐ 26-50 Flights Per Annum ☐ Greater Than 50 Flights Per Annum

2. **Average flying hours per annum? (Select Single option)**

   ☐ Less than 100 hours ☐ More than 100 hours

3. **Appreciation element used? (Select multiple option)**

   ☐ Single Line Kite ☐ Acrobatic Kite ☐ Towing Kite (Power kite) ☐ Ultralight Glider, With No Engine

   ☐ Paraglider, With No Engine ☐ Hang Glider ☐ 3-Axis Glider ☐ Any Other

   Any Other: Please provide other element detail.

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

B. Instructor

1. **Number of flights per year? (Select Single option)**

   ☐ Less Than 25 Flights Per Annum ☐ 26-50 Flights Per Annum ☐ Greater Than 50 Flights Per Annum

2. **Average flying hours per annum? (Select Single option)**

   ☐ Less than 100 hours ☐ More than 100 hours

3. **Appreciation element used? (Select multiple option)**

   ☐ Single Line Kite ☐ Acrobatic Kite ☐ Towing Kite (Power kite) ☐ Ultralight Glider, With No Engine

   ☐ Paraglider, With No Engine ☐ Hang Glider ☐ 3-Axis Glider ☐ Any Other

   Any Other: Please provide other element detail.

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

C. Record attempt or competition flying

1. Number of flights per year? (Select Single option)

☐ Less Than 25 Flights Per Annum ☐ 26-50 Flights Per Annum ☐ Greater Than 50 Flights Per Annum

2. Average flying hours per annum? (Select Single option)

☐ Less than 100 hours ☐ More than 100 hours

3. Appreciation element used? (Select multiple option)

☐ Single line kite ☐ Acrobatic Kite ☐ Towing Kite (Power kite) ☐ Ultralight Glider, With No Engine

☐ Paraglider, With No Engine ☐ Hang Glider ☐ 3-Axis Glider ☐ Any Other

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

D. Testing prototypes or repaired/modified canopies

1. Number of flights per year? (Select Single option)

☐ Less Than 25 Flights Per Annum ☐ 26-50 Flights Per Annum ☐ Greater Than 50 Flights Per Annum

2. Average flying hours per annum? (Select Single option)

☐ Less than 100 hours ☐ More than 100 hours

3. Appreciation element used? (Select multiple option)

☐ Single Line Kite ☐ Acrobatic Kite ☐ Towing Kite (Power kite) ☐ Ultralight Glider, With No Engine

☐ Paraglider, With No Engine ☐ Hang Glider ☐ 3-Axis Glider ☐ Any Other

Any Other: Please provide other element detail.

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

E. Pilot

1. Number of flights per year? (Select Single option)

☐ Less Than Or Equal To 50 Jumps Per Annum ☐ 51-100 Jumps Per Annum ☐ Greater Than 100 Jumps Per Annum

2. Average flying hours per annum? (Select Single option)

☐ Less than 100 hours ☐ More than 100 hours

3. Appreciation element used? (Select multiple option)

☐ Single line kite ☐ Acrobatic Kite ☐ Towing Kite (Power kite) ☐ Ultralight glider, with no engine

☐ Paraglider, With No Engine ☐ Hang Glider ☐ 3- Axis glider ☐ Any Other

Any Other: Please provide other element detail.

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