



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

EXTREME SPORT QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

IF THE ANSWER TO ANY OF THE QUESTIONS IS 'YES', PLEASE PROVIDE DETAILS

1) Type of event/sport in which you are engaged: _____

2) Are you an amateur or a professional

3) Do you hold any professional qualification/license in relation to the event/sport? Yes No

4) Have you undergone any formal training? Yes No

5) How long have you been engaged in this event/sport? _____ yrs

6) Do you ever engage in this sport/event unaccompanied? Yes No
if 'Yes', please state how often and under what conditions: _____

7) Please state:
Number of events per annum: _____
And provide details for each event:
Distance Height Speed Location

8) When were you last medically examined for the purpose of this sport? _____

9) Were any restrictions imposed after the medical examination? Yes No
If 'Yes', please provide details: _____

10) Have you ever suffered any illness or injury due to this event? Yes No
if 'Yes', please provide details: _____

I declare that the answers above are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment or acceptance of my insurance cover including accident, disability and critical illness covers.

Place: _____ Date: _____

Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Place: _____ Date: _____

Signature of the Declarant

Signature of the Life Insured