

**Colonial Life Insurance Company (Trinidad) Limited
29 VINCENT STREET PORT OF SPAIN
PARACHUTING QUESTIONNAIRE**

Policy #:.....

NAME OF PROPOSED INSURED:

How long have you been engaged in parachuting activities?.....

Are you attached to any particular Organisation or Club?.....

Name of Organisation or Club.....

Give details of your training and experience.....

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How often do you jump?

Do you do any free fall jumping?.....

HEIGHT OF JUMPS	NO. OF JUMPS
3000 - 5000 feet	
5001 - 7000 feet	
7001 - 10000 feet	

Are you involved on a competitive level? If **yes**, give details.

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Dated this theday of

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PROPOSED INSURED'S SIGNATURE

.....
AGENT'S SIGNATURE