

Sky Diving Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Do you belong to a club affiliated with the United States Parachute Association? No Yes
2. Do you follow the regulations and safety standards established by the United States Association? No Yes
3. How long have you been sky diving? _____
4. Number of jumps:
 - a. In the last 12 months: _____
 - b. One to Two years ago: _____
5. Do you take part in exhibitions or competition? No Yes
If yes, describe the nature of these events: _____
6. Do you receive remuneration for sky diving? No Yes
If yes, give full details: _____
7. Are you an airplane pilot or do you intend to become one? No Yes
8. Additional Comment: _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com