



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

AVOCATION QUESTIONNAIRE

Details of the Life to be Insured

Name: _____

Address: _____

Proposal No.: _____

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the contract between Bharti AXA Life Insurance Company Limited and myself.

PARAGLIDING:	
1 Do you participate in the sport of paragliding? If "YES", please provide replies to the following:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2 If you are a member of any professional association, please name the association	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3 Specify the number of paragliding flights taken in the last twelve months	
4 What type of glider do you fly? Whether unpowered, self-sustaining or self-launching	
5 Do you expect to participate in any form of competition flying or record attempts or to carry out any prototype testing? If "YES", please provide details.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6 Have you been involved in any accident causing injury to yourself or significant damage to your aircraft? If "YES", please provide full details.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
PARACHUTING / SKYDIVING:	
1 Do you participate in the sport of Parachuting / Skydiving? If "YES", please provide replies to the following:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2 For how many years you have been participating in the sport of Parachuting/Skydiving?	
3 What licence do you hold? Please provide details.	
4 How many jumps you have made till date?	
5 How many jumps do you intend to make in the next twelve months?	
6 Do you expect to participate in any Parachuting/Skydiving competitions or record attempts? If "YES", please provide full details including the nature of the jump i.e. static line or free fall	<input type="checkbox"/> Yes / <input type="checkbox"/> No
MOTOR CAR RACING:	
1 Do you participate in the sport of motorcar racing? If "YES", please provide replies to the following:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2 How long have you been racing?	
3 What type of competition do you participate in?	
4 Type of motor car/motor cycle? Please include details of engine size and formula	
5 How many races have you participated in over the last twelve months including location of events?	
CLIMBING AND MOUNTAINEERING:	
1 Do you participate in the sport of mountain climbing/mountaineering? If "YES", please provide replies to the following:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

2	For how many years have you been climbing regularly?	
3	How often do you climb?	
4	Do you climb alone or with a group/club?	
5	Do you climb with/without a rope? If "YES", please state how often you go climbing, the location and the degree of difficulty.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6	Are you a member of a mountaineering club? If "YES", please provide details.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7	In which of the following areas have you/do you climb?	
	• Alps (Europe)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• Africa	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• Australia/New Zealand	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• Himalayas/Karakorum	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• North America - Mt McKinley	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• North America - elsewhere (please specify)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• UK	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	• Other areas (please specify)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8	Maximum height climbed to:	

I declare that the above answers are correct to the best of my knowledge and belief.

Signature/Thumb Impression of Life to be Insured _____

Date _____

Place _____