

# Hazardous Activities: Hang-Gliding/Paragliding

## Important information

Please remember that all the information requested in this questionnaire is taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you misstate any information, it may mean that a claim is not paid or the policy is amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Name	Title <input type="text"/> Initials <input type="text"/> Surname <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reference	<input type="text"/>
<b>1</b> For how long have you been hang-gliding or paragliding?	<input type="text"/>
<b>2</b> Please state:	a) Number of hours participated in the last year. <input type="text"/> <input type="text"/> <input type="text"/> Hours b) Anticipated future hours per annum. <input type="text"/> <input type="text"/> <input type="text"/> Hours
<b>3</b> Are you likely to use powered hang-gliders or paragliders?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how many hours per annum? <input type="text"/> <input type="text"/> <input type="text"/> Hours
<b>4</b> Are you a member of the British Hang-Gliding and Paragliding Association (BHPA) or the British Microlight Aircraft Association (BMAA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5</b> Do you hold a pilot rating for cross-country or higher?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details. <input type="text"/>

**6** Are you likely to hang-glide or paraglide abroad?

Yes  No

If 'Yes', please give details.

**7** Do you engage in competitive flying, record attempts or prototype testing?

Yes  No

If 'Yes', please give details.

**8** If you have any further information not covered by the previous questions please provide it here.

## CUSTOMER DECLARATION

By accepting this:

- I agree that the information given in this questionnaire has been provided truthfully and accurately.
- I agree that this questionnaire will form part of my application and the information provided here will be used for assessing my application and any subsequent claim.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect/missing it may mean that a claim is not paid or the policy is amended or cancelled.
- I will immediately inform Legal & General if there are any changes to any answers given on the questionnaire before the policy starts.

Signature

Date

## Contact us



legalandgeneral.com

**Legal & General Assurance Society Limited**  
Registered in England and Wales No.166055  
Registered office: One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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