

Name:

First name

Middle name

First surname

Second surname

Date of Birth: mm/ dd /yy

Policy/Application Number: _____

When did you start in this sport? mm/ dd /yy

Please indicate the nature of your participation:

☐ Recreational☐ Competitive☐ Amateur☐ Professional

How often do you practice this sport?

Please provide details of your formal qualifications, certifications or classifications obtained:

QUALIFICATION	WHEN IT IS REACHED

Are you a member of a club or association?

☐ Yes ☐ No

If yes, please provide details and website of the organization:

Have you ever had an injury resulting from training or competing that required medical attention? ☐ Yes ☐ No

If yes, please provide details and dates.

What are the maximum limits you have reached in practicing this activity, for example, speed, time, height, distance, depth, weight, etc.?

Please provide any additional information you consider important:

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the evaluation or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance.

Name(s) and Surname(s): _____

Signature: _____