HANG-GLIDING QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

How long have you been hang-gliding?

How many flights have you made to date?

What is the total number of hours you have flown?

How many flights do you intend to make each year?

How many hours of flying will this be each year?

Where do you go hang-gliding?

What method of launching do you use?

Are you a member of the BHPA or an affiliated club?

- [ ] No
- [ ] Yes

Do you have a BHPA pilot rating for cross country or higher?

- [ ] No
- [ ] Yes

Which rating do you have?

Are you a BHPA instructor?

- [ ] No
- [ ] Yes

Do you expect to take part in national or international competitions?

- [ ] No
- [ ] Yes

Please give full details.

Do you expect to be involved in any record attempts or prototype testing?

- [ ] No
- [ ] Yes

Please give full details.

Have you been involved in any accidents that have caused injury to yourself?

- [ ] No
- [ ] Yes

Please give full details.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: