

Hazardous Sports & Recreation Questionnaire

Title Surname

Given name(s)

Date of birth / /

1 Please advise details of the sport or recreation in which you participate?

Description of activity <input type="text"/>	
Frequency of participation <input type="text"/>	Location of activity <input type="text"/>

2 Do you participate in this activity as:

Amateur
 Professional

3 How long have you been participating in this activity?

4 Do you belong to a club or association?

No **Go to next question**
Yes

Name <input type="text"/>	
Address <input type="text"/> <input type="text"/>	
State <input type="text"/>	Postcode <input type="text"/>

5 Have you ever been injured whilst participating in this activity?

No **Go to Declaration**
Yes

Please provide details, including dates

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

DECLARATION

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

Signature

<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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Please return this completed form to:

Smartsave
PO Box 1282
Albury
NSW 2640