

# Adventure Sports Travel Insurance Form

Full Name

Email

Phone Number

Date of Birth

Nationality

Passport Number

Travel Dates

Destination(s)

Adventure Sports

☐ Scuba Diving ☐ Paragliding ☐ Mountaineering ☐ Skiing/Snowboarding ☐ Bungee Jumping ☐

Whitewater Rafting ☐ Surfing ☐ Other

Sports Experience Level

☒ Beginner ☐ Intermediate ☐ Advanced

Coverage Amount

Beneficiary Name

Pre-existing Medical Conditions

Additional Information