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AVOCATION QUESTIONNAIRE

Proposed Insured Name: _____ M F

Date of Birth: _____

Face Amount: _____ **Type of coverage:** UL IUL Term WL SUL

SCUBA DIVING:

Have you engaged in or do you intend to engage in: Night Diving Free/Breath Holding Diving
 Ice Diving Treasure Diving Cave Diving Exploration of Sunken Wrecks
 Rescue/Recovery Diving Alone Instruction Other: _____

Where is diving done? Great Lakes Other — give general location
 Ocean Inland Waters Cave Diving Exploration of Sunken Wrecks
 Rescue/Recovery Diving Alone Instruction Other: _____

Date of last participation in any of the above activities: _____

How many years have you been diving: _____ **How long do you usually stay down:** _____

Average depth achieved: _____ ft. **Maximum depth achieved:** _____ ft.

How often have you achieved this maximum depth? _____

Estimate the number of dives: Last 12 months: _____ Next 12 months: _____

Type of equipment used and certifications:

Have you ever had the "bends" or "air embolism" as a result of decompression? _____

Have you had any special training? State where, type and how long: _____

AERIAL SPORTS:

Type: Sky Diving Hang Gliding Parachuting Ballooning Other: _____

Estimate the number of dives, jumps, flights: Last 12 months: _____ Next 12 months: _____

Average height: _____ ft. **Maximum height of:** _____ ft. **Max. duration:** _____ min/hrs.

Type of equipment: Assembled from a Factory Kit Homemade For Experimental Use Purchased Assembled

Provide details of any stunt or exhibition jumps:

Status: Professional Amateur **Name of Affiliated Association:** _____

MOTOR SPORTS:

Indicate Type:

Motorcycle: Drag Scramble Hill Climbing
Automobile: Midget Go-Cart Sport Car Stock Modified Drag
Motorboat: Modified Unmodified Experimental Jet Unlimited Hydroplane Other

Type of Track: Dirt Oval Closed Circuit Hill Climb Paved Drag Strip Other

Vehicle Data: Make & Model: _____ **Displacement:** _____

Average Speed (MPH): _____ **Maximum Speed (MPH):** _____

Number of races for each method & frequency:

Vehicle vs. Vehicle: Within the last 3 years: _____ Next 12 months: _____

Vehicle vs. Clock: Within the last 3 years: _____ Next 12 months: _____

Status: Professional Amateur **Name of Affiliated Association:** _____

OTHER ACTIVITIES:

Specify Sport / Activity: _____

Give exact location where each activity takes place:

Describe safety equipment used: _____

Club affiliation: Amateur or Professional: _____

Frequency of Participation: Last 12 months: _____ Next 12 months: _____

ADDITIONAL DETAILS:

