



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: Male & 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:

