



- 1. Name of Proposed Insured: _____ Date of Birth: _____
- 2. Height: _____ ft. _____ in. Weight: _____ lbs. Weight two years ago: _____ lbs.
- 3. Have you ever used tobacco? Yes No Date Last Used: _____ Type: _____

Scuba Diving

- 4. Type or purpose of Diving: Recreation Instruction Construction Salvage Search Work
Cave Diving Other _____
- 5. Location in which you dive: Deep Sea / Ocean Other (lake, cave, etc.) _____
- 6. Type of certification held _____ Date of certification _____ Equipment used _____
- 7. Do you ever dive alone? Yes No
- 8. Diving activity: (Select "usual depth" to which proposed insured dives.)

Past 12 months			Past 12-24 months		Contemplated next 12 months	
Depth of dives	# of dives	Avg time per dive	# of dives	Avg time per dive	# of dives	Avg time per dive
0-75 feet						
76-100 feet						
101-150 feet						
Over 150 feet						

Organized Racing - Automobile, Boat, Motorcycle, Snowmobile

- 9. Status: Professional Amateur Other _____
- 10. Do you hold a competition driver's license from any organization? Yes No
If "yes", list all organizations _____
- 11. Type of racing: Stock car Sport car Sprint car Championship Formula car Midget Drag
All-terrain Motorcycle Powerboat Snowmobile Other _____
- 12. Vehicle: Make _____ Model _____ Horsepower _____ Engine displacement (cc) _____
- 13. Course type: a) Paved track Hill Climbing Desert/Off Road Drag Strip Road Course
Dirt track Cross-Country Other _____
b) Length of course _____ c) Length of race _____ d) Average speed _____
e) Max speed attained (mph) _____
- 14. Number of races: a) Last 12 months _____ b) Last 12-24 months _____ c) Next 12 months _____

Parachuting Skydiving Hang Gliding

- 15. Status: Professional Amateur Other _____
- 16. Do you belong to an organized club? Yes No If "yes", name of club _____
- 17. Number of jumps: a) Last 12 mo. _____ b) Last 12-24 mo. _____ c) Next 12 mo. _____ d) Total to date _____
- 18. Type of jumps (stunting, instructional, BASE, or any form of parachuting that does not involve an aircraft) _____
- 19. Over what type of terrain are jumps made? (Aerial stunts over land, cliff jumping over water, etc.) _____

Mountain Climbing Rock Climbing

- 20. Type of climbing: Trail Ice Rock Glacier Snow
- 21. Type of training _____ Years of experience _____
- 22. Do you belong to an organization? Yes No If "yes", name of organization _____
- 23. Equipment used _____
- 24. Number of climbs: a) Last 12 mo. _____ b) Last 12-24 mo. _____ c) Next 12 mo. _____ d) Total to date _____
e) Climbing details:

Date	Type (mountain, rock, ice, etc.)	Level or Class (A1-A5, 1-6, etc.)	Elevation (ft / mtrs)	Location (Mountain range/State/Country)

Other Avocation Activities Please provide details regarding any other avocation activities in which you participate: