



This form is part of the Application for Individual Life Insurance.
Print and use black ink. Any changes must be initialed by the Proposed Insured.

SECTION A: Personal Information

1. Name FIRST MIDDLE LAST 2. Date of Birth MONTH DAY YEAR

3. The information you provide in this Questionnaire is critical to our consideration of your request for insurance coverage. You are strongly urged to answer all questions completely and accurately so that we may provide you with the best coverage we can.

X Initial here to acknowledge that you have carefully reviewed and fully understand the above statement.

SECTION B: Scuba & Skin Diving

4. a. Describe the types of dives you have participated in the last 24 months (check all that apply):
Recreation Ice Cave Construction Search and/or Rescue Salvage/Recovery Wreck Penetration
Wreck Non-Penetration

b. Provide details

c. Have you participated in any other types of dives in the last 24 months that are not described above? Yes No

If Yes, provide details

5. In the past 24 months, have you dived alone? Yes No

If Yes, provide details

6. Are you a certified diver? Yes No If Yes,

a. What is your level of certification? b. What is your certifying organization?

7. Describe the dives you have performed in the:

Table with 5 columns: Depth (Feet), Last 24 Months (Number of Dives, Average Time per Dive), Expected to Make in the Next 12 Months (Number of Dives, Average Time per Dive). Rows include depth ranges: <30, 30-65, 66-130, 131-200, >200.

SECTION C: Automobile, Motorcycle and Power Boat Racing

8. In the past 24 months describe the:

a. purpose of your racing: Amateur Professional

b. type of course or track you have raced? _____

c. type of vehicle(s) you have raced:

VEHICLE TYPE	SANCTIONING BODIES & CLASSES OF RACING	ENGINE

d. Maximum speed attained _____ MPH Average Speed _____ MPH

9. How many races have you: a. Entered in the last 24 months _____ b. Expect to enter in the next 12 months _____

10. Have you participated in drag racing in the last 24 months? Yes No

If Yes, what is the elapsed time? _____ Minutes _____ Seconds

11. Have you been subject to disciplinary action? Yes No If Yes, provide details _____

SECTION D: Aerial Sports

12. Describe the frequency (number of jumps, dives, flights) of the aerial sports you have participated in and your experience:

AERIAL SPORT	FREQUENCY IN THE PAST 24 MONTHS	EXPECTED FREQUENCY IN THE NEXT 12 MONTHS	YEARS ENGAGED IN AERIAL SPORT	STATUS
Skydiving/Parachuting			<input type="checkbox"/> <1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5 or more	<input type="checkbox"/> Amateur <input type="checkbox"/> Professional
Hang Gliding			<input type="checkbox"/> <1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5 or more	<input type="checkbox"/> Amateur <input type="checkbox"/> Professional
Ballooning			<input type="checkbox"/> <1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5 or more	<input type="checkbox"/> Amateur <input type="checkbox"/> Professional

13. Have you participated in any competitions within the past 24 months or do you intend to in the next 12 months?

Yes No If Yes, provide details _____

14. What club or organization are you affiliated with? _____

I am not affiliated with any club or organization

15. If you are participating in Hang Gliding:

a. have you flown any experimental equipment (manufacturer's or your own design) within the past 24 months or do you intend to in the next 12 months Yes No

b. describe the greatest: height you have flown _____ ft distance flown _____ ft duration flown _____ ft

SECTION E: Climbing

16. How long have you been climbing? less than 12 months 1 to 3 years 3 to 5 years more than 5 years

17. Provide the number of climbs you have performed in the past 24 months:

Trail, Scrambling, Trekking, Bouldering _____	Rock, Mountaineering _____	Buildering _____
Artificial Climbing Wall (ACW) _____	Abseiling/Repelling _____	Ice/Snow _____

18. In the past 24 months have you:

a. climbed alone? Yes No

b. climbed without rope? Yes No

If Yes to a or b, indicate how often, location and difficulty level

LOCATION	AVERAGE DAYS PER TRIP	HEIGHT ACHIEVED	DIFFICULTY LEVEL

19. What type of equipment do you typically use?

20. What type of climbs do you have planned for the next 12 months?

LOCATION	HEIGHT	DIFFICULTY LEVEL

21. Describe the places you have climbed in the last 24 months:

LOCATION AND MOUNTAIN NAME	AVERAGE DAYS PER TRIP	HEIGHT ACHIEVED

SECTION F: Bungee/Base Jumping, Backcountry Skiing/Snowmobiling, and/or Heli Skiing

22. Describe the type(s) of bungee/base jumping, backcountry skiing/snowmobiling, and/or heli skiing you have participated in the last 24 months and expect to participate in over the next 12 months:

ACTIVITY	LOCATION PERFORMED	FREQUENCY IN THE LAST 24 MONTHS	EXPECTED FREQUENCY IN THE NEXT 12 MONTHS

23. What club or organization are you affiliated with? _____

I am not affiliated with any club or organization

SECTION G: Signatures

I have read the statements and answers on this form and they are complete and true to the best of my knowledge and belief. I hereby agree that they shall form part of the application for which this information was required by The Company.

SIGNED AT

CITY

STATE

THIS

DAY OF

YEAR

X

SIGNATURE OF PROPOSED INSURED

X

SIGNATURE OF AGENT/REGISTERED REPRESENTATIVE