

AVOCATIONS AND PROFESSIONAL SPORTS QUESTIONNAIRE

Name of Life Insured:	Policy Number:
-----------------------	----------------

PART A

1. Have you engaged in within the past 2 years, or do you intend to engage in:
 - a. Motor vehicle, Motorcycle, Power Boat, Snowmobile Racing, Parachuting or Underwater Diving? Yes No
 If "yes", complete the appropriate sections of Part B and, if necessary, give full details in Part C.
 - b. A hazardous activity not shown in Part B, such as Bobsled Racing, Parakiting, Mountain Climbing, etc. Yes No
 If "yes", give full details including frequency, equipment, etc. in Part C.

2. Do you participate in any of the above for remuneration or profit? Yes No
 If "yes", indicate whether salaried, sponsored, competing for cash prizes, paid instructor, etc.

3. Do you participate entirely under the supervision of a national association or local club sponsoring or supervising hazardous sports or hobbies? Yes No
 If "yes", give name of association or local club.
 If "no", explain.

PART B (Use PART C if additional space is required)

RACING	SPEED		NO. OF YEARS EXPERIENCE	NUMBER OF TIMES		DATE OF LAST	TYPE OF COMPETITION INCLUDING VEHICLE & CLASS
	AVG	MAX		EST NEXT 12 MONTHS	LAST 12 MONTHS		
<input type="checkbox"/> Championship							
<input type="checkbox"/> Stockcar							
<input type="checkbox"/> Sportscar							
<input type="checkbox"/> Drag*							
<input type="checkbox"/> Midget							
<input type="checkbox"/> Go-Kart							
<input type="checkbox"/> Motorcycle							
<input type="checkbox"/> Power Boat							
<input type="checkbox"/> Snowmobile							
<input type="checkbox"/> Other							
*Indicate type of fuel, body type, modification if any, etc. 							
PARACHUTING							
<input type="checkbox"/> Free Fall							
<input type="checkbox"/> Other _____							
DIVING							TYPE OF EQUIPMENT
	DEPTH						
	AVG	MAX					
<input type="checkbox"/> Scuba**							
<input type="checkbox"/> Other _____							
**Indicate total number of open and deep-water dives completed: 							

