

Name _____ Proposed Insured Additional/Joint Insured

Avocation Supplement Forming Part of the Application for Life Insurance

Scuba Diving

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

Past 12 months			Past 12-24 Months		Contemplated Next 12 months	
Depths of Dives	Number of dives	Avg time per dive	Number of dives	Avg time per dive	Number of dives	Avg time per dive
0-75 feet						
76-100 feet						
101-150 feet						
Over 150 feet						

Organized Racing – Automobile, Boat, Motorcycle, Snowmobile

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

Parachuting or Skydiving, or Hang Gliding

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

Mountain Climbing, or Rock Climbing

17. Type of climbing: Trail Ice Rock Glacier Snow
18. Type of training _____ Years of experience _____
19. Do you belong to an organization? Yes No If "yes", name of organization _____
20. Equipment used _____
21. Number of climbs:
 - a) Last 12 months _____ b) Last 12-24 months _____ c) Contemplated next 12 months _____ d) Total number climbs to date _____

Climbing details:

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

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

I represent that the statements and answers in this Supplement are true and complete.

Date _____ Signature of Proposed Insured/Additional/Joint Insured _____
Signature of Licensed Financial Professional/Insurance Broker _____