

Avocation Questionnaire

Full Name (print) _____ Date of birth: Mo. _____ Day _____ Year _____

SECTION A – Automobile, Motorcycle and/or Powerboat Racing

- Type of racing: Midget Go-Kart Sports Car Modified Stock Drag Racing Motorcycle
 Powerboat Other (explain) _____
- Make: _____ Model: _____ Displacement: _____
 Class: _____ Engine (cubic inches): _____ HP: _____ Fuel: _____
- (a) Number of races 12-24 months ago: _____ (b) Past 12 months: _____
 (c) Date of last race: _____ (d) Est. next 12 months: _____
- Type of race: Midget Sports Car Stock Car Championship Drag Kart
 Hillclimb Cross Country Hound & Hare Motor-Cross Other (explain) _____
- Type of course: Paved Dirt Drag Strip Oval Other (explain) _____
- Where do you race? Local If not, where? _____
- Competition against: Other Cars Clock Straightaway
- Average speed: _____ Top Speed: _____ Average miles per race: _____
- Is your racing: Professional Amateur Other (explain) _____

SECTION B – Underwater diving (Skin and Scuba)

- A. Are you PADI certified? Yes No B. What type of equipment do you use? _____
- Location of diving activities: _____ Diving for: Pleasure Pay
- Do you belong to club or association? Yes No Do you ever dive alone? Yes No
- Depth of dives:

- Less than 40 feet
- 40 feet to 60 feet
- Over 60 feet
- Maximum depth obtained

During Past 12 Months		Expected Next 12 Months	
No. Dives	Average Time	No. Dives	Average Time

SECTION C – Parachute jumping and sky diving

- Are you now a member of any parachute or skydiving club or association? Yes No
- Are all of your jumps made under auspices of your club or association? Yes No
- (a) Number of jumps 12-24 months ago: _____ (b) Past 12 months: _____ (c) Next 12 months: _____
- Do you participate in delayed chute opening competition or other stunts? Yes No
- Location of jump areas: _____ Date of last jump: _____

REMARKS – Identify section and question number

I represent that the foregoing answers and statements are correctly recorded, complete, and true to the best of my knowledge and belief.

Date: _____ Mo. _____ Day _____ Yr. _____ Signature of proposed insured (or parent if proposed insured is under age 15) _____

ASSURITY LIFE INSURANCE COMPANY

Full Name (print) _____ Date of birth: Mo. _____ Day _____ Year _____

SECTION D – Aviation

1. Type of aviation activity:

	Hours Flown			
	Last 12 Mo.	12-24 Mo Ago	All Prior Years	Est. Next 12 Mo.
Civilian Pilot				
Military Pilot				
Member of Crew				

- Yes No
2. Have you ever done or do you intend to engage in flying for the purpose of exhibition, endurance tests, racing stunt flying, testing, air cargo operations, crop dusting or spraying, or instruction of student pilots?
3. (a) Have you ever flown or do you intend to fly outside of the United States?.....
- (b) Have you ever been involved in any accident due to flying activities?
- (c) Have you ever been charged with any violation of air regulations?

(If "Yes" to questions 2, 3(a), 3(b), or 3(c), explain in "Remarks.")

For pilots and crew members of military aircraft:

4. Describe type of aircraft flown in (including alphabetic and numeric code) _____

For civilian and military pilots:

5. (a) Type of license/certificate/rating held (check appropriate boxes): Student Private Commercial
 ATR IFR Instructor Other (specify in "Remarks")
- (b) Date of last renewal: _____
- (c) Purpose of flights: _____
- (d) Total flying hours to date: _____ (e) Date of last flight: _____

For crew members:

6. (a) Duties aboard aircraft: _____
- (b) Purpose of flights: _____
- (c) Date of last flight: _____ (d) Do you plan to take instructions as a pilot? Yes No
(if "Yes", explain in "Remarks")

7. If aviation activity does not permit standard, unrestricted coverage, please issue as follows:

- Full aviation coverage, if available, with appropriate extra premium
- Aviation exclusion rider

REMARKS – Identify section and question number

I represent that the foregoing answers and statements are correctly recorded, complete, and true to the best of my knowledge and belief.

Date: _____ Signature of proposed insured (or parent if proposed insured is under age 15)