

Supplement to application for life insurance on the life of \_\_\_\_\_

Please give full details on all questions - types of activity, frequency, extent, etc.

**Do you, have you ever, or do you expect to engage in:** Yes    No

**Skin or Scuba Diving**

1. How many years have you been diving? \_\_\_\_\_
2.
  - a. Number of dives in the past 12 months \_\_\_\_\_
  - b. Number of dives in the past 36 months \_\_\_\_\_
  - c. Number of dives anticipated in the next 12 months \_\_\_\_\_
  - d. Date of last dive \_\_\_\_\_
  - e. Do you dive alone?
  - f. Average depth of dive (in feet) \_\_\_\_\_
  - g. Greatest depth of dive (in feet) \_\_\_\_\_
  - h. Type of equipment used \_\_\_\_\_
  - i. Are you a professional diver?
  - j. Have you ever done or do you intend to do underwater recovery or salvage work?
  - k. Are you nationally certified?       
 Name of national organization \_\_\_\_\_

**Motor Racing** - performance testing or stunt driving, automobile, motorcycle, motorboat, etc.

1. How many years have you been active in motor sports? \_\_\_\_\_
2.
  - a. Type of vehicle \_\_\_\_\_
  - b. Type of race \_\_\_\_\_
  - c. Number of races in the past 12 months \_\_\_\_\_
  - d. Number of races in the past 36 months \_\_\_\_\_
  - e. Number of races anticipated in the next 12 months \_\_\_\_\_
  - f. Type of track / course \_\_\_\_\_
  - g. Location of track / course \_\_\_\_\_
  - h. Do you travel to other localities to race?       
 If Yes, list where \_\_\_\_\_
  - i. Horsepower and/or engine displacement \_\_\_\_\_
  - j. Formula \_\_\_\_\_ Production \_\_\_\_\_
  - k. Maximum speed attained (mph) \_\_\_\_\_
  - l. Do you race professionally or for cash prizes?
  - m. Do you belong to any sanctioned group?       
 If Yes, list \_\_\_\_\_
  - n. Have you ever, or do you expect to engage in any stunt driving?

**COMPLETE SECTION BELOW**

(Include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, hydroplane, etc.)

Type of Vehicle	Type of Event	Type of Track / Course with Location	Past 12 Months		Past 1-2 Years		Est. Next 12 Mos.	
			Number	Miles	Number	Miles	Number	Miles

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_