

**In continuation of and forming part of Application for Insurance to the  
Indianapolis Life Insurance Company  
P.O. Box 1230, Indianapolis, IN 46206**

**AVOCATION QUESTIONNAIRE**

Name of Proposed Insured: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Racing, Auto, Motorcycle, Snowmobile, Motorboat**

Type:  Midget  Stock  Hotrod  Drag  Sportcar  
 Snowmobile  Cycle  Boat  Other \_\_\_\_\_

Vehicle or boat: Make and model \_\_\_\_\_ Class & category \_\_\_\_\_  
 Displacement: \_\_\_\_\_ Horsepower \_\_\_\_\_

Timing:  Vehicle vs. Vehicle  Vehicle vs. Clock Maximum speed attained \_\_\_\_\_ mph  
 Location:  Oval Track  Closed Circuit  Drag Strip  Hill Climb  Other  
 Have you ever had a racing accident?  Yes  No (If yes, explain details in Remarks below)  
 Racing organizations affiliated with \_\_\_\_\_  
 Races supervised by \_\_\_\_\_  
 Frequency (Number of Races) Last 12 months \_\_\_\_\_ 1 to 2 years ago \_\_\_\_\_ Estimate for next 12 months \_\_\_\_\_

**Underwater Sports**

Type:  Scuba  Skin  Snorkel  Purpose:  Recreation  Rescue  Salvage  
 Locations:  Oceans  Lakes  Rivers  Pools  Quarries  Caves  Other \_\_\_\_\_  
 Have you received formal diving training?  Yes  No (If "Yes," explain details in Remarks below)  
 Do you use the "buddy system?"  Yes  No

Depth	Average Time	Number of Dives Last 12 months	Number of Dives 1 to 2 Years Ago	Number of Dives Est. Next 12 months
0-75 Ft.	_____ Mins.	_____	_____	_____
76-125 Ft.	_____ Mins.	_____	_____	_____
Over 125 Ft.	_____ Mins.	_____	_____	_____

**Sky Sports**

Please identify which of the activities you participate in:  Sky Diving  Hang Gliding  Ultralights  Biplaning  
 Parachuting  Ballooning  Other \_\_\_\_\_

If ballooning: Gas Ballooning  Yes  No Hot Air Ballooning  Yes  No  
 If sky diving: Delay jumping done?  Yes  No Stunt or baton passing?  Yes  No  
 Are you a member of a club?  Yes  No  
 What class of license do you hold? \_\_\_\_\_  
 Usual location or type of terrain \_\_\_\_\_  
 Have you been in an accident connected with this avocation:  Yes  No (If "Yes," explain in Remarks below)  
 Number of flights or jumps: Last 12 mos. \_\_\_\_\_ 1 to 2 Years Ago \_\_\_\_\_ Est Next 12 mos. \_\_\_\_\_  
 Average height \_\_\_\_\_ Maximum height \_\_\_\_\_  
 Average distance \_\_\_\_\_ Maximum distance \_\_\_\_\_  
 Average duration \_\_\_\_\_ Maximum duration \_\_\_\_\_

**Remarks or Other Avocations**

(Include details regarding nature, location, frequency, and degree of participation)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Signed at \_\_\_\_\_  
 City and State \_\_\_\_\_ Date \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_