

**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.

Signed at _____
 City and State _____ Date _____ Signature of Proposed Insured _____