

- Life Investors Insurance Company of America Stonebridge Life Insurance Company
 Monumental Life Insurance Company Transamerica Life Insurance Company
 Peoples Benefit Life Insurance Company Western Reserve Life Assurance Co. of Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

Avocation & Aviation Questionnaire

Name of Proposed Insured	Date of Birth
Part A. Avocation Questionnaire	
1. Automobile or motorcycle racing	
a. Are you a member of any racing organization? <i>(check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" name of organization: _____	
b. Describe the car or cycle you drive	
Make: _____	Model or Class: _____
Equipped for competition? <i>(check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" give details/describe: _____	
c. Describe racing	
Type of course: _____	Length of course: _____
Location: _____	Duration of races: _____
Maximum speed attained: _____	
d. Describe your status and experience <i>(check one)</i>	
<input type="checkbox"/> Professional <input type="checkbox"/> Amateur	
Number of races: _____	Last 12 months: _____
Anticipated next 12 months: _____	
2. Motorboat racing	
a. Are you a member of any racing organization? <i>(check one)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" name of organization: _____	
b. Describe the boat you race	
Type: _____	Size: _____
Class: _____	Horsepower: _____
c. Describe racing	
Type of course: _____	Length of course: _____
Location: _____	Duration of races: _____
Maximum speed attained: _____	
d. Describe your status and experience <i>(check one)</i>	
<input type="checkbox"/> Professional <input type="checkbox"/> Amateur	
Number of races: _____	Last 12 months: _____
Anticipated next 12 months: _____	
3. Parachuting and Skydiving	
a. Are you a member of the United States Parachute Association? <i>(check one)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Do you hold a parachutist license? <i>(check one)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" Class: _____	
c. Describe your experience in parachuting or skydiving	
Total jumps to date: _____	Total jumps last 12 months: _____
Total anticipated next 12 months: _____	
Do you perform skydiving or delay jumps? <i>(check one)</i> Give details in Remarks.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of delay jumps: _____	Maximum seconds delay: _____
Do you participate in baton passing or other stunts? <i>(check one)</i> Give details in Remarks.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you participate in local or national competition? <i>(check one)</i> Give details in Remarks.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Location of jump areas	

4. Underwater Diving

a. Are you a member of a skin or scuba diving organization? (check one) Yes No
 If "Yes" name of organization: _____

b. Describe diving activity
 Location: _____
 Purpose: *Recreation, research, rescue team - describe.* _____

Equipment used: _____

Maximum time submerged: _____ Maximum depth attained: _____

Average depth current diving: _____

c. Describe your status and experience (check one) Professional Amateur
 Number of years diving experience: _____ Number of dives last 12 months: _____

5. Other Hazardous Sports or Avocations
Provide full details in Remarks describing participation in any other avocation commonly considered hazardous, not described elsewhere on this form. Include past experience as well as anticipated future plans.

Part B. Aviation Questionnaire For pilots and crew members.

1. What type of Pilot Certificate or License do you hold?
 Student Private Commercial Airline Transport Rating (ATR) Instrument Flight Rating (IFR)

2. Are you a member of a Military Reserve or National Guard unit on flying status? (check one) Yes No
 If "Yes" check one Active Inactive

3. What type of aircraft do you fly? _____ Crew position? _____

4. Was your certificate granted subject to physical waiver? (check one) Yes No

5. Have you ever been grounded or restricted for violation of Civil Air Regulations? (check one) Yes No
 If "Yes" give details in Remarks.

6. Has your Federal Pilot Certificate ever been cancelled? (check one) Yes No
 If "Yes" give details in Remarks.

7. Date of last flight as a Pilot: _____ Crew Member: _____

8. Is it your intention to fly in the future as a
 Pilot Yes No
 Crew Member Yes No

9. Total flying hours? Give details in Remarks.
 Student Pilot in Command Other capacity
 Describe your annual flying activity in the chart below

Type of Flying	Next 12 mos. hours	Past 12 mos. hours	1 to 2 years ago hours
Employer-owned			
Charter flying or instructing			
Non-commercial pilot or student			
Military			
Other Give details in Remarks			

10. Do you fly within the United States? (check one) Yes No
If "No" give details in Remarks.

11. If full coverage at standard rates is not available, do you desire: (check one) Yes No
 Full coverage with extra premium, if available?
 Restricted aviation coverage without extra premium, if available?

Remarks

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent