

## Avocation Questionnaire

Proposed Insured Name: \_\_\_\_\_ ☐ M ☐ F

Date of Birth: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Type of coverage: ☐UL ☐IUL ☐Term ☐WL ☐SUL

### **Scuba Diving:**

Have you engaged in or do you intend to engage in: ☐ Night Diving ☐ Free/Breath Holding Diving ☐ Ice Diving  
☐ Treasure Diving ☐ Cave Diving ☐ Rescue/Recovery ☐ Diving Alone ☐ Instruction ☐ Exploration of Sunken Wrecks  
☐ Other

Where is diving done? ☐ Great Lakes ☐ Ocean ☐ Inland Waters ☐ Other – give general location ☐ Cave Diving  
☐ Rescue/Recovery ☐ Diving Alone ☐ Instruction ☐ Exploration of Sunken Wrecks ☐ Other

Date of last participation in any of the above activities: \_\_\_\_\_

How many years have you been diving: \_\_\_\_\_ How long do you usually stay down: \_\_\_\_\_

Average depth achieved: \_\_\_\_\_ft. Maximum depth achieved: \_\_\_\_\_ft.

How often have you achieved this maximum depth? \_\_\_\_\_

Estimate the number of dives: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

Type of equipment used and certifications: \_\_\_\_\_

Have you ever had the “bends” or “air embolism” as a result of decompression? \_\_\_\_\_

Have you had any special training? State where, type and how long: \_\_\_\_\_

### **Aerial Sports:**

Type: ☐ Sky Diving ☐ Hang Gliding ☐ Parachuting ☐ Ballooning ☐ Other

Estimate the number of dives, jumps, flights: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

Average height: \_\_\_\_\_ft. Maximum height of: \_\_\_\_\_ft. Maximum duration: \_\_\_\_\_min/hrs.

Type of equipment: ☐ Assembled from a Factory Kit ☐ Homemade ☐ For Experimental Use ☐ Purchased Assembled

Provide details of any stunt or exhibition jumps: \_\_\_\_\_

Status: ☐ Professional ☐ Amateur Name of Affiliated Association: \_\_\_\_\_

### **Motor Sports:**

Indicate Type:

Motorcycle: ☐ Drag ☐ Scramble ☐ Hill Climbing

Automobile: ☐ Midget ☐ Go-Cart ☐ Sports Car ☐ Stock ☐ Modified ☐ Drag

Motorboat: ☐ Modified ☐ Unmodified ☐ Experimental ☐ Jet ☐ Unlimited Hydroplane ☐ Other

Type of Track:

☐ Dirt ☐ Oval ☐ Closed Circuit ☐ Hill Climb ☐ Paved ☐ Drag Strip ☐ Other

Vehicle Data: Make & Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

Average Speed (MPH) \_\_\_\_\_ Maximum Speed (MPH) \_\_\_\_\_

Number of races for each method & frequency:

Vehicle vs. Vehicle: Within the last 3 years: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

Vehicle vs. Clock: Within the last 3 years: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

Status: ☐ Professional ☐ Amateur Name of Affiliated Association: \_\_\_\_\_

**Other Activities:**

Specify Sport/Activity: \_\_\_\_\_

Give exact location where each activity takes place:

\_\_\_\_\_

Describe safety equipment used: \_\_\_\_\_

Club affiliation: Amateur or Professional: \_\_\_\_\_

Frequency of Participation: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

**Additional Details:**

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