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HAZARDOUS SPORTS AVOCATIONS QUESTIONNAIRE

PROPOSED LIFE INSURED

Name _____
First Name Initial Last Name

Date of Birth _____ Male Female Height _____ ft/in cm Weight _____ lbs Kg Smoker Yes No
MMM/DD/YYYY

SCUBA DIVING

- Date of last dive _____
MMM/YYYY
- Type(s): Ice Night Search Work Salvage Cave Nitrox Wreck Other: _____
 If wreck diving above, do you enter the wreck? Yes No
- Location(s): Lakes/Rivers Ocean Deep Sea Other: _____
- Do you have any history of accidents, related injuries or illnesses while participating in diving activities? Yes No
 If yes, provide details: _____

5. Diving history:

	Past 12 months		Previous 12-24 months		Next 12 months	
	Number of Dives	Average Time	Number of Dives	Average Time	Number of Dives	Average Time
0 - 75 ft						
75 - 100 ft						
100 - 150 ft						
150+ ft						

- Do you:
 - Dive for pleasure? Yes No
 - Dive for commercial purposes? Yes No
 - Dive alone? Yes No
 If yes, how often? _____
 - Or have you ever done decompression dives? Yes No
 If yes, how many? _____
 - Intend to continue this activity in the future? Yes No
 If yes, do you expect future activities to differ? Yes No
 If yes, provide details _____
- Are you a certified diver? Yes No
 If yes, what is your current certification level? _____
- Are you a member of an organized club? Yes No
 If yes, name and length of time _____

RACING

- Number of Races:
 - Past 12 Months _____
 - Previous 12-24 Months _____
 - Date of Last Race _____
MMM/YYYY
- Purpose(s): Professional Amateur
 If both, provide details _____

RACING (CONTINUED)

3. Select all type(s) of racing or competition you participate in and indicate all categories for each type:

Automobile

a. Type of Automobile: Midget Sports Car Stock Car Championship Drag Sprint Other _____

b. Type of Vehicle (eg. IROC, TransAm, GT1, vintage, showroom stock, improved touring, etc.) _____

Boat

Drag Hydroplane Motorboat Time Speed Other _____

Motorcycle

Hill Climbing Cross Country Drag Track Other _____

Snowmobile

Cross Country Drag Oval Other _____

Other Motorized _____

4. Type(s) of fuel used: Gasoline Alcohol Other _____

5. Type(s) of track and surface: Short Paved Dirt Half Mile Enduro Paved Oval Other _____

6. Maximum Speed _____ Average Speed _____ Engine Size _____

7. Sanctioning body you normally compete under _____

8. Have you raced, or do you intend to race, at non-sanctioned races? Yes No

If yes, provide details _____

9. Do you have any history of accidents or related injuries? Yes No

If yes, provide details _____

10. Do you intend to continue this activity in the future? Yes No

If yes, number of races in the next 12 months _____

11. If yes to 10, do you expect future activities to differ? Yes No

If yes, provide details _____

PARACHUTING/SKY DIVING

1. Number of Jumps:

a. Past 12 Months _____

b. Previous 12-24 Months _____

c. Date of Last Jump _____
MMM/YYYY

2. Total number of jumps _____

3. Type(s): Competition Group Static Line Free-fall Ski Surfing Base Jumping Other: _____

4. Location(s) _____

5. Have you done, or do you intend to do, professional or stunt jumping? Yes No

If yes, provide details _____

6. Do you have any history of accidents or related injuries? Yes No

If yes, provide details _____

7. Are you licensed? Yes No

If yes, indicate class: A-Novice B-Intermediate C-Advanced D-Expert

8. Are you a member of a club? Yes No

9. Do you intend to continue this activity in the future? Yes No

If yes, number of jumps in the next 12 months _____

If yes, do you expect future activities to differ? Yes No

If yes, provide details _____

HELI SKIING/CAT SKIING/BACK COUNTRY SKIING

- Number of Trips:
 - Past 12 Months _____
 - Previous 12-24 Months _____
 - Date of Last Trip _____
MMM/YYYY
- Name of tour group(s) _____
- Region and Country _____ Mountain Elevation _____
- How many times per year do you participate? _____ How many days in each trip? _____
- Do you carry a GPS or avalanche beacon? Yes No
- Do you have any history of accidents or related injuries? Yes No
If yes, provide details _____
- Do you intend to continue this activity in the future? Yes No
If yes, number of trips in the next 12 months _____

BALLOONING

- Number of Flying Hours:
 - Past 12 Months _____
 - Previous 12-24 Months _____
 - Date of Last Flight _____
MMM/YYYY
- Total number of flying hours _____
- Do you have a pilot's licence? Yes No
If yes, is it a student licence? Yes No
- Do you intend to continue this activity in the future? Yes No
If yes, number of flying hours in the next 12 months _____
- Location(s): Mountains Cliffs Over Water Remote Terrain Other: _____
- Have you flown, or do you expect to fly, a home-built or experimental balloon? Yes No
If yes, provide details including date(s) and terrain _____
- Have you done, or do you expect to do, any location or type of ballooning not indicated in questions 5 or 6? Yes No
If yes, type(s): Helium-filled Hot Air Competitive Tethered Free Flight Other _____

HANG GLIDING/PARAGLIDING

- Number of Flights:
 - Past 12 Months _____
 - Previous 12-24 Months _____
 - Date of Last Flight _____
MMM/YYYY
- Do you intend to continue this activity in the future? Yes No
If yes, number of flights in the next 12 months _____
- Do you belong to a club? Yes No
- Location(s): Hills Mountains Cliffs Over Water Other: _____
- Have you flown, or do you expect to fly, a home-built or experimental craft? Yes No
If yes, provide details including type(s) of craft and date(s) _____
- Have you done, or do you expect to do, any location or type of gliding not indicated in questions 4 or 5? Yes No
If yes, type(s): Powered Hang Gliding Paramotoring Record Attempt Stunt Flying Test Flying Other _____

CLIMBING

1. Number of Climbs:
 - a. Past 12 Months _____
 - b. Previous 12-24 Months _____
 - c. Date of Last Climb _____

MMM/YYYY
2. Level of climbing, based on the Yosemite Decimal System _____
3. Indicate mountain(s) climbed and continent(s) _____
4. Average height of climb _____ Number of days normally spent per climb _____
5. Type(s): Trail Rock Scrambling Ice Glacier Aid Waterfall Expedition Other: _____
 If aid climbing, provide details _____
6. Have you done, or do you plan to do, climbing for remuneration or profit? Yes No
 If yes, type(s): Guide Rescue Work Other: _____
7. Are you a member of a club? Yes No
8. Do you climb practice cliffs? Yes No
9. Do you ever climb alone? Yes No
 If yes, provide details _____
10. Do you have any history of accidents or related injuries? Yes No
 If yes, provide details _____
11. Do you intend to continue this activity in the future? Yes No
 If yes, number of climbs in the next 12 months _____
12. If yes to 11, do you expect future activities to differ? Yes No
 If yes, provide details including mountain(s) and route name(s) _____

OTHER HAZARDOUS SPORTS/AVOCATIONS

1. Provide details of other present and future sport/avocation activities _____

2. If additional space was required for detailed responses in any questionnaire above, provide details below:

Questionnaire Name	Question No.	Details

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Applicant Signature _____ Date _____
MMM/DD/YYYY