

Sports & Avocation Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Scuba Diving: No _____ Yes _____
 Number of Times per Year _____ Diving locations _____
 Type of equipment used _____
 Depth in feet: Average _____ Maximum _____ Times per year to max depth _____
 How will your participation change in the next 24 months? _____

2. Aeronautics: Includes hand-gliding, sky diving, ballooning, ultralight, etc.
 No _____ Yes, I participate in: _____
 Number of Times per Year _____ Locations of activity _____
 Type of equipment used: _____
 Do you belong to a club or association? No _____ Yes- Provide name _____
 How will your participation change in the next 24 months? _____

3. Powered racing or competitive vehicles: Includes motorcycles, automobiles, powerboats, snowmobiles
 No _____ Yes, I participate in: _____
 Number of Times per Year _____ Locations of activity _____
 Type and description of vehicle used _____ Racing classification _____
 Describe race and track _____
 Attained speeds: Maximum _____ Average _____
 How will your participation change in the next 24 months? _____

4. Mountain Climbing No _____ Yes _____
 Number of Times per Year _____ Locations of activity _____
 Rock climbing classification _____
 Type of equipment used _____
 Do you participate in ice and snow climbing? No _____ Yes _____
 How will your participation change in the next 24 months? _____

5. Rodeos, Competitive Skiing or Bobsledding
 No _____ Yes, I participate in: _____
 Number of Times per Year _____ Locations of activity _____
 Describe activity: _____
 How will your participation change in the next 24 months? _____

Comments:

