

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE

| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
|----------------------|-------------|-------------|---------------------------|
| | | | |
| | | | |

MOUNTAIN CLIMBING

Kind of climbing: Mountain Rock Trail Ice Years of experience: _____

Number of climbs in the last 24 months: _____ Number of climbs in the next 12 months: _____

| Climbs Outside the Continental U.S. | Date | Climbs Inside the Continental U.S. | Date |
|-------------------------------------|------|------------------------------------|------|
| | | | |
| | | | |

UNDERWATER DIVING

How long have you been diving? _____ yrs. _____ mth(s). What certification(s) do you hold? _____

What kind of equipment do you use? _____ Do you Cave Wreck Salvage dive? No

| Dive Depths | During the Past 12 Months | | Contemplated in the Next 12 Months | |
|-------------------|---------------------------|--|------------------------------------|--|
| Under 75 ft. | | | | |
| 76 ft. to 150 ft. | | | | |
| 150 ft. or deeper | | | | |

SKY DIVING

What kind of license do you hold? _____ How many jumps have you logged? _____

What events do you participate in? Please explain: _____

Do you jump professionally or use experimental equipment? Please explain: _____

Number of jumps in the last 24 months: _____ Number of jumps in the next 12 months: _____

HANG GLIDING, ULTRA LIGHT FLYING, AND HOT AIR BALLOONS

Type of craft flown _____ Type of terrain _____

Number of flights in the next 12 months: _____ Maximum flight altitude: _____

Do you participate in competitive or stunt events? Yes No Are you a licensed pilot? Yes No

What certification(s) do you hold? _____

With the avocation above, do you belong to any organized clubs? No Yes, please list _____

Additional notes: _____