

**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  Disability **Coverage Amount:** \_\_\_\_\_  
**Annual Income:** \_\_\_\_\_ **Occupation/Job duties:** \_\_\_\_\_ **State of Residence:** \_\_\_\_\_  
**Anticipated Premium:** \_\_\_\_\_

### FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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: \_\_\_\_\_