

AVOCATIONS

CLIENT NAME:				Date:			
□ Male □ Female	Date of birth:	H	leight:'	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 Police		e 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 Ins	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			
Dive Depths	ive Depths During the Past				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							
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 No							
with the continuation (5) uo	you nolu:						
With the avocation abov	ve, do you belo	ong to any organize	ed clubs? 🗆 No	☐ Yes, ple	ase list		
Additional notes:							