

SPORT, AMUSEMENT, OR AVOCATION QUESTIONNAIRE

PROPOSED INSURED _____ DATE OF BIRTH MO / DD / YR

1. What is the activity in which you participate? _____
2. What national clubs or associations are you affiliated with, in connection with this activity? _____
3. Do you participate for monetary gain or profit? Yes No
4. In what geographical locations do you normally participate in this sport or avocation? (i.e. specific body of water, or mountain, or location, state or foreign country, etc.)

5. Do you intend to participate in this activity in the future? Yes No

6.

	Average Time	Maximum Time	Frequency
Lifetime			
12-24 Months Ago			
Past 12 Months			
Next 12 Months			

7.

	Frequency	Past 12 Months	Expected Next 12 Months
Average Speed			
Maximum Speed			
Average Height			
Maximum Height			

MOUNTAIN CLIMBING

1. Where do you climb? (a) North American Continent (b) Elsewhere
Give names of countries and/or continents: _____
2. Type of climbing (Indoor or Outdoor) (a) Rock (b) Trail (c) Other (Describe): _____
3. Date of first climb? _____ Date of last climb? _____

CAR/BOAT RACING

1. Type: (a) Drag (b) Ocean-Going Power Boat (c) Stock Hydroplane (d) Unlimited Hydroplane
(e) Others (Describe): _____
2. Type of Drag? (a) Gassers (b) Fuelers (c) Super charged Dragsters
3. Do you own the car/boat? Yes No
4. Are you involved with speed records? (Jetting) Yes No
5. Type of Track? Oval Simulated Roads Other (Describe) _____
6. Type of Surface? Dirt Paved Other (Describe) _____
7. What is the average length of these events? (In miles, laps, or time, as appropriate): _____
8. Have you had any accidents? Yes No Give details: _____

SPORT, AMUSEMENT, OR AVOCATION QUESTIONNAIRE

UNDERWATER DIVING

1. What type of equipment do you use? (i.e. Skin, Scuba, Submersible): _____
2. Is your equipment serviced regularly? Yes No
3. Do you ever dive alone? Yes No
4. Do you dive in the winter? Yes No
If so, where? _____
5. Submariners? (No egress from submerged vehicle or station) Yes No

PARTICULARS OF DIVING

Depth of Dive Diving or Submerging	Past 12 Months		Next 12 Months
	No. of Dives	Average Time Underwater Per Dive	No. of Dives
To 50 feet or less			
To 75 feet			
To 100 feet			
To 150 feet			
To 200 feet			
Over 200 feet			

SKYDIVING / HANG GLIDING

	No. of Jumps	Frequency	Maximum Height	Average Height	Date of Last Flight
Lifetime					
12-24 Months Ago					
Next 12 Months					

What is the greatest height _____, distance _____, duration _____, flown? Date: _____

1. Have you or do you intend to attempt any height, distance or duration records? Yes No
If Yes, give details: _____
2. Do you SkyDive / Hang Glide over: (a) WATER Yes No (b) LAND Yes No
(Describe terrain) _____
3. Have you ever flown or used or do you intend to fly or use experimental equipment of either a manufacturer's or your own design? Yes No
If yes give details: _____
4. Please give any other information concerning your activities not included above (including any past injuries or accidents):

Remarks: _____

I UNDERSTAND THAT THIS QUESTIONNAIRE WILL FORM PART OF THE APPLICATION FOR INSURANCE I HAVE MADE TO LA CAPITALE FINANCIAL SECURITY INSURANCE COMPANY. I CERTIFY THAT THE ANSWERS ARE TRUE AND COMPLETE.

X

Signature of Proposed Insured

Date