

Hazardous Activities Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

1. Do you, have you ever, or do you expect to engage in any hazardous sport or activity? Yes No

If not listed below, describe fully, showing frequency, length of time engaged in this activity, hazards, association or clubs to which you belong, etc _____

2. Skin or Scuba Diving

- a. Number of dives in the past 12 months _____ Number of dives in the past 36 months _____
- b. Number of dives anticipated in the next 12 months _____ Date of last dive _____
- c. Do you dive alone? Yes No
- d. Average depth of dive (in feet) _____ Greatest depth of dive (in feet) _____
- e. Type of equipment used? _____
- f. Are you a professional diver? Yes No
- g. Have you ever done or do you intend to do underwater recovery or salvage work? Yes No
- h. Are you nationally certified? Yes No
Name of National Organization _____

3. Motor Racing – Performance Testing or Stunt Driving, Automobile, Motorcycle, Motorboat, etc.

Complete Section Below

Include Midget, Sports Car, Stock Car, Modified, Championship, Drag, Go-Cart, Motorcycle, Motorboat, Hydroplane, etc.

Type Vehicle	Type of Event	Type of Track / Course With Location	Past 12 Months		Past 1 – 2 Years		Est. Next 12	
			Number	Miles	Number	Miles	Months	

- a. Do you travel to other localities to race? Yes No
If Yes, list where? _____
- i. Horsepower and/or engine displacement _____
- j. Formula _____ Production _____
- k. Maximum speed attained (mph) _____ Do you race professionally or for cash prizes? Yes No
- l. Do you belong to any sanctioned group? Yes No
If Yes, please list _____
- m. Have you ever, or do you expect to engage in any stunt driving? Yes No

Signature of Proposed Insured _____ Witness _____ Date _____

Broker Submitting Questionnaire: _____

Address: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Please send completed form:

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