

Avocation Questionnaire

Proposed Insured Name: _____ M F

Date of Birth: _____

Face Amount: _____ Type of coverage: UL IUL Term WL SUL

Scuba Diving:

Have you engaged in or do you intend to engage in: Night Diving Free/Breath Holding Diving Ice Diving
 Treasure Diving Cave Diving Rescue/Recovery Diving Alone Instruction Exploration of Sunken Wrecks
 Other

Where is diving done? Great Lakes Ocean Inland Waters Other – give general location Cave Diving
 Rescue/Recovery Diving Alone Instruction Exploration of Sunken Wrecks Other

Date of last participation in any of the above activities: _____

How many years have you been diving: _____ How long do you usually stay down: _____

Average depth achieved: _____ft. Maximum depth achieved: _____ft.

How often have you achieved this maximum depth? _____

Estimate the number of dives: Last 12 months: _____ Next 12 months: _____

Type of equipment used and certifications: _____

Have you ever had the “bends” or “air embolism” as a result of decompression? _____

Have you had any special training? State where, type and how long: _____

Aerial Sports:

Type: Sky Diving Hang Gliding Parachuting Ballooning Other

Estimate the number of dives, jumps, flights: Last 12 months: _____ Next 12 months: _____

Average height: _____ft. Maximum height of: _____ft. Maximum duration: _____ min/hrs.

Type of equipment: Assembled from a Factory Kit Homemade For Experimental Use Purchased Assembled

Provide details of any stunt or exhibition jumps: _____

Status: Professional Amateur Name of Affiliated Association: _____

Motor Sports:

Indicate Type:

Motorcycle: Drag Scramble Hill Climbing

Automobile: Midget Go-Cart Sports Car Stock Modified Drag

Motorboat: Modified Unmodified Experimental Jet Unlimited Hydroplane Other

Type of Track:

Dirt Oval Closed Circuit Hill Climb Paved Drag Strip Other

Vehicle Data: Make & Model: _____ Displacement: _____

Average Speed (MPH) _____ Maximum Speed (MPH) _____

Number of races for each method & frequency:

Vehicle vs. Vehicle: Within the last 3 years: _____ Next 12 months: _____

Vehicle vs. Clock: Within the last 3 years: _____ Next 12 months: _____

Status: Professional Amateur Name of Affiliated Association: _____

Other Activities:

Specify Sport/Activity: _____

Give exact location where each activity takes place:

Describe safety equipment used: _____

Club affiliation: Amateur or Professional: _____

Frequency of Participation: Last 12 months: _____ Next 12 months: _____

Additional Details:

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