

*Please print or type all information*

Proposed insured \_\_\_\_\_

Date of birth \_\_\_\_\_

Identification Number \_\_\_\_\_

**Sky Diving**

Have you ever, or do expect to engage in sky diving?  YES  NO

a. Do you belong to any skydiving club or association?  YES  NO

If yes, name \_\_\_\_\_

b. For what certificates have you qualified? \_\_\_\_\_

c. How long have you engaged in sky diving? \_\_\_\_\_

Did you receive formal training?  YES  NO \_\_\_\_\_

d. Total number of jumps made \_\_\_\_\_ Number of jumps in last 12 months \_\_\_\_\_

Date of last jump \_\_\_\_\_ Number of jumps contemplated in next 12 months \_\_\_\_\_

e. Have you done, or do you contemplate doing professional, exhibitional or competitive jumping?  YES  NO  
(If yes, give details below).

Details: \_\_\_\_\_

**Skin Or Scuba Diving**

Have you ever, or do you expect to engage in skin or scuba diving?  YES  NO

a. How long have you been diving? \_\_\_\_\_

b. Under whose auspices did you receive your original instruction? \_\_\_\_\_

c. Describe the type of equipment used. \_\_\_\_\_

d. Do you belong to a diving club?  YES  NO Name: \_\_\_\_\_

e. Do you ever dive without a "buddy" accompanying you?  YES  NO

f. In what area do you do most of your diving? \_\_\_\_\_

g. What is the usual purpose of your diving? \_\_\_\_\_

h. Have you ever hunted sunken treasure, or done salvage or rescue work, or contemplate same?  YES  NO

i. Carefully complete the following:

DIVING DEPTHS	Last 12 months		Next 12 months (estimate)	
	Number of dives	Total hours	Number of dives	Total hours
Less than 60 ft.				
61 to 100 ft.				
over 100 ft.				

j. What is the greatest depth to which you have ever dived? \_\_\_\_\_ Date: \_\_\_\_\_

k. Have you, for any reason, ever been advised by either physician or instructor against diving?  YES  NO

Explain \_\_\_\_\_

## Racing

Have you ever, or do you expect to engage in automobile, motorcycle, motorboat, snowmobile, or dune buggy racing?  YES  NO

a. Give particulars by type of races, number of races, and total miles in competition, stating "none" when applicable:

Type of Races*	Last 2 months		1-2 years ago		Prior to 2 years ago		Contemplated next 12 mo.		Top Speeds
	Races	Miles	Races	Miles	Races	Miles	Races	Miles	

\* e.g., midget, sports car, stock car, championship, drag, go-cart, motorcycle, motor boat, hydroplane, snowmobile

- b. Do you own or have access to a competition vehicle?  YES  NO Which? \_\_\_\_\_  
 Make and model \_\_\_\_\_ Displacement \_\_\_\_\_  
 Class \_\_\_\_\_ Engine make and model \_\_\_\_\_ HP \_\_\_\_\_
- c. Have you ever attended any type of driver's school?  YES  NO Which? \_\_\_\_\_
- d. Do you hold a competition driver's license from any organization?  YES  NO List all.  
 \_\_\_\_\_
- e. How long have you participated in racing? \_\_\_\_\_
- f. Do you participate in other than sanctioned events?  YES  NO
- g. Have you ever competed, or do you intend to compete outside your country of residence?  YES  NO
- h. Date of your last race? \_\_\_\_\_ Where? \_\_\_\_\_
- i. Have you ever raced, or do you intend to race, professionally or for cash prizes?  YES  NO  
 If yes, give details \_\_\_\_\_
- j. What size and type of track do you compete on, and which type of racing? \_\_\_\_\_
- k. If you have been involved in any serious racing accidents, please give specifics including dates and injuries sustained.  
 \_\_\_\_\_
- l. Do you contemplate any change in the type or number of races in which you participate?  YES  NO  
 If yes, please explain. \_\_\_\_\_

## Miscellaneous

Have you ever, or do you expect to engage in any other hazardous sport (including spelunking, mountain climbing, hang gliding, etc.)?  YES  NO If yes, which one(s)? \_\_\_\_\_

- a. Do you belong to a related club or organization?  YES  NO  
 If yes, which one(s)? \_\_\_\_\_
- b. Frequency of activity? \_\_\_\_\_ Location? \_\_\_\_\_
- c. Date of last activity? \_\_\_\_\_
- d. What safety precautions are taken? \_\_\_\_\_

I understand that this declaration is a material part of this personal fact sheet and will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this personal fact sheet, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the personal fact sheet.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 (Proposed insured)