

Proposed Insured continued

10. Number of races: _____ Last 12 months: _____
11. Do you anticipate racing in any other type or class of racing? yes no
 If yes, specify type and provide above details for each type: _____

Scuba Diving

1. Are you PADI, NAUI or SSI certified or are all dives with a divemaster or instructor?..... yes no
2. How long have you been diving? _____
3. How many months of the year do you dive? _____
4. Are you a member of an organized club? _____
5. What type of equipment is used? _____
6. What are locations of diving activities? _____

	During the past 12 months		Expected next 12 months	
	Number of dives	Average time under water per dive	Number of dives	Average time under water per dive
a. 50 feet or less				
b. 51 feet to 75 feet				
c. 76 feet to 100 feet				
d. 101 feet to 150 feet				
e. Over 150 feet				

7. Other than recreational diving have you ever or do you plan to participate in the next two years in the following diving activities: cave, ice, rescue/recovery, commercial, construction or wreck? yes no
 If yes, provide details _____

Other Sports or Activities

In the next two years do you plan to participate in other sports or activities: Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Hot-Air Ballooning, Base or Bungee Jumping, Extreme Sports or Rodeo?

1. Give Details (Equipment used, Training, Certifications, Location of activity, etc.): _____
2. Date of last activity: _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Proposed Insured Signature

X _____

(If under age 16, signature of parent or guardian)

Signed at (city, state) _____

Signed on (date) _____

