

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York, Service Office: PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as "the Company")

AVOCATION AND SPORTS SUPPLEMENT (Do Not Use for Aviation)

Answer questions with as much detail as possible.

Proposed Insured (please print name) _____ Date of Birth (mm/dd/yy) _____

SECTION I - DIVING

1. Are you a certified diver? Yes No
2. Are you a member of an organized club? Yes No
3. Are you classified as a Professional Instructor Amateur
4. How many years have you participated in underwater diving? _____
5. What are the locations of diving activities? (i.e., lakes, rivers, oceans, deep sea, caves, ice diving)? _____
6. Do you dive alone? Yes No
7. If "Yes", please provide details as to frequency, depth and average time _____
8. Indicate what countries you dive in _____

9. Complete the following table

Frequency and depth	Last 12 Months		Expected Next 12 Months	
	Number	Average Duration Per Dive	Number	Average Duration Per Dive
0 to 100 Feet				
101 to 130 Feet				
131 to 150 Feet				
Over 150 Feet				

SECTION II - MOUNTAIN CLIMBING

10. Indicate type of climbing (i.e. rock, trail, ice, artificial climbing wall, scrambling, bouldering) _____
11. Indicate all locations where climbed (i.e., state, country, mountain) _____
12. Indicate Maximum height climbed _____
13. Indicate equipment used _____
14. Indicate degree of difficulty (easy, moderate, difficult, severe). Indicate grading system (UIAA, UK, YDS) and maximum technical grade. _____

15. Complete the following table

Number of Climbs	12 to 24 Months Ago	Last 12 Months	Est. Next 12 Months	Average Days Per Trip

SECTION III - AERIAL SPORTS

Choose the avocation from the list below

- Parasailing and parascending
 - Hang-gliding / Parachuting (excluding BASE jumping), skydiving and sky surfing
- Choose one of the following: Stunt person Instructor Amateur Other professional

If hang-gliding, complete the following questions

- Is it a powered or paramotor hang-glider? Yes No
- Record attempts? Yes No

16. Are you a member of a club associated with your sport? Yes No If "Yes", please specify _____
17. Choose usual location Over land Over cliffs and ridges Over water
18. Have you ever or do you plan to do any experimental jumping or delayed chute openings? Yes No If "Yes", please provide details _____

19. Complete the following table regarding the number of flights or jumps

12 to 24 Months Ago	Last 12 Months	Est. Next 12 Months	Total Number to Date

SECTION IV - MOTOR SPORT RACING

20. Under what sanctioning body do you normally compete? (AMA, NHRA, USAC, etc.) _____
21. Indicate make and model of each vehicle including horsepower and displacement and any special equipment _____
22. Indicate locations where vehicle is raced including track type _____

Choose the Motor Racing Classification from the list below:

<input type="checkbox"/> ARCA	<input type="checkbox"/> ASA	<input type="checkbox"/> Auto Crash	<input type="checkbox"/> Autocross	<input type="checkbox"/> Indy/Formula1	<input type="checkbox"/> Demolition Derby	<input type="checkbox"/> Drift Racing
<input type="checkbox"/> Drag Racing - <i>indicate type</i>				<input type="checkbox"/> IMSA - US Based Series - <i>indicate type</i>		
<input type="checkbox"/> Kart Racing - <i>indicate type</i>				<input type="checkbox"/> Midgets - <i>indicate type</i>		
<input type="checkbox"/> Modified - <i>indicate type</i>				<input type="checkbox"/> NASCAR - <i>indicate type</i>		
<input type="checkbox"/> Sand and Dune Buggy - <i>indicate type</i>				<input type="checkbox"/> Sprint Cars - <i>indicate type</i>		
<input type="checkbox"/> Sportscar Racing - <i>indicate type</i>				<input type="checkbox"/> Sportscar Vintage Racing - <i>indicate type</i>		

Choose the Boat Racing Classification from the list below:

<input type="checkbox"/> Offshore and Sportboat Racing	<input type="checkbox"/> Drag Racing
<input type="checkbox"/> Hydroplanes - <i>indicate type</i>	<input type="checkbox"/> Record Attempts

Choose the Motor Cycle Racing Classification from the list below:

<input type="checkbox"/> Dirt Track Racing	<input type="checkbox"/> Enduro Racing	<input type="checkbox"/> Hill Climbs	<input type="checkbox"/> Ice Racing
<input type="checkbox"/> Marshals	<input type="checkbox"/> Sand Racing	<input type="checkbox"/> Scooter and Moped Racing	<input type="checkbox"/> Speedway
<input type="checkbox"/> Spring Events	<input type="checkbox"/> Stunt Riding	<input type="checkbox"/> Trails Riding	<input type="checkbox"/> Trials
<input type="checkbox"/> Veteran and Vintage	<input type="checkbox"/> Supercross, Arenacross (both motorcycle and ATV)		
<input type="checkbox"/> Circuit Racing - <i>indicate type</i>		<input type="checkbox"/> International Events - <i>indicate type</i>	
<input type="checkbox"/> Drag Racing - <i>indicate type</i>		<input type="checkbox"/> Motocross - <i>indicate type</i>	

23. Complete the following table for all forms of racing

Frequency	1-2 Years Ago		Last 12 Months				Contemplated Next 12 Months	
	Number of Races	Total Miles	Number of Races	Total Miles	Average Distance of Each Race	Fastest Speed Attained	Number of Races	Total Miles
Automobile								
Motorcycle								
Boat								
Other _____								

SECTION V - ADDITIONAL DETAILS OR OTHER AVOCATIONS NOT COVERED IN THE SUPPLEMENT

24. Provide details regarding any of the following hazardous avocations: rodeo sports, boxing, martial arts, equine sports, base jumping, bungee jumping, canyoneering, white water rafting, heli skiing, big game hunting. Also use this space for any additional details for avocations listed in any of the sections of this supplement. (Please specify to which question numbers details pertain, as applicable, and if more space is required, use the "Continuation of Details Supplement.")

I have read or have had read to me the completed Avocation and Sports Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true to the best of my knowledge and belief. I agree that this Avocation and Sports Supplement constitutes a part of my application for insurance.

Signed in _____, this _____ day of _____ (state) _____ (month) _____ (year)

Signature of Proposed Insured or Parent/Legal Guardian if Proposed Insured is a minor child