

## **AVOCATIONS**

CLIENT NAME:					Date:			
		Heiaht:						
				Use now Type of nicotine product:				
Type of Coverage:  Term UL Survivor Type of Coverage: Term UL Survivor UL								
Coverage Amount: Anticipated Premium:								
FAMILY HISTORY  Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  If yes, use separate sheet to provide this information, including age of onset and date of death								
PROPOSED INSURED'S EXISTING INSURANCE								
Full Name of Company		Face A	Face Amount		Year Issued	Is Policy to be Replaced?		
MOUNTAIN CLIMBING								
Kind of climbing: ☐ Mountain ☐ Rock ☐ Trail ☐ Ice Years of experience:								
Number of climbs in the last 24 months: Number of climbs in the next 12 months:								
Climbs Outside the Continental U.S.			Date	Climbs Ins	ide the Continental U.S	Date		
UNDERWATER DIVING								
How long have you been diving? yrs mth(s). What certification(s) do you hold?								
What kind of equipment do you use?				Do you Li Cave Li Wreck Li Salvage dive? Li No				
Dive Depths	During the Past 12 Months				Contemplated in the Next 12 Months			
Under 75 ft.								
76 ft. to 150 ft.								
150 ft. or deeper								
SKY DIVING								
What kind of license do you hold? How many jumps have you logged?								
What events do you participate in? Please explain: The what events do you participate in? Please explain:								
Do you jump professionally or use experimental equipment? Please explain:								
Number of jumps in the last 24 months: Number of jumps in the next 12 months:								
HANG GLIDING, ULTRA LIGHT FLYING, AND HOT AIR BALLOONS								
Type of craft flown Type of terrain								
Number of flights in the next 12 months: Maximum flight altitude:								
Do you participate in competitive or stunt events? 🗌 Yes 🔝 No 💮 Are you a licensed pilot? 🖂 Yes 🖂 No								
What certification(s) do you hold?								
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With the avocation above, do you belong to any organized clubs?   No Yes, please list								
Additional notes:								