



SUPPLEMENTAL APPLICATION - QUESTIONNAIRES

Proposed Insured (Print): _____ Policy Number: _____

SECTION I: AVIATION QUESTIONNAIRE

- 1. Purpose of present and future flying:
2. Type of license currently held:
3. Type of aircraft (i.e., glider, jet, single engine, experimental, ultralight, etc.):
4. Total number of solo hours:
5. Total number of hours flown per year:
6. Ever had an aviation accident or violation?
7. Any flights planned over inaccessible or remote areas?
8. If aviation requires an extra premium or exclusion rider, which would you prefer?

SECTION II: SCUBA DIVING QUESTIONNAIRE

- 1. Do you dive for pleasure? Or commercial purposes?
2. Diving History during last 24 months:
3. How many dives do you plan to make in the next 12 months?
4. Date of your last dive:
5. Do you engage in:
6. (a) What are the locations of your diving activities?
(b) How long have you been diving?
7. Will you use mixed gas equipment?
8. Do you dive alone?
9. Have you ever been treated for decompression sickness or arterial gas embolism?

Table with 4 columns: Number of Dives, Average Time, Less than 60 feet, 61 - 100 feet, 101 - 130 feet, 131 - 150 feet

SECTION III: RACING QUESTIONNAIRE

- 1. Indicate type of racing vehicle. (i.e., automobile, snowmobile, motorcycle, boat, etc.):
2. Maximum speed attained: Engine size:
3. What specific types of competition do you engage in?
4. What type of fuel is used?
5. Racing Class:
6. Racing Association: (i.e., NASCAR, IMSA, SCCA, etc.)

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, according to state law.

All statements and answers to the above questions have been correctly recorded. They are complete and true to the best of my knowledge and belief.

Signed at (City, State): _____, _____ day of _____ (Month), _____ (Year).

Signature of Proposed Insured _____ Witness _____