



American Life & Security Corp.

Administrative Office

P.O. Box 5577 • LINCOLN NE 68505-5577

Phone: 402.489.8266 • Fax 402.489.8295

AVOCATION QUESTIONNAIRE

PRINT USING BLACK INK.
ALL SECTIONS MUST BE COMPLETED.

Name of Proposed Insured: _____ Date of Birth: _____

SECTION 1 RACING SPORTS	Racing, Auto, Motorcycle, Snowmobile, Motorboat ___ I do not participate in Racing Sports. (Skip to next section.) ___ Midget ___ Hotrod ___ Sportscar ___ Cycle ___ Other Type: ___ Stock ___ Drag ___ Snowmobile ___ Boat Vehicle or boat: Make & Model _____ Class & Category _____ Displacement: _____ Horsepower _____ Timing: ___ Vehicle vs. Vehicle ___ Vehicle vs. Clock Maximum speed attained: _____ mph Location: ___ Oval Track ___ Closed Circuit ___ Drag Strip ___ Hill Climb ___ Other: _____ In the past 10 years have you had a racing accident? ___ Yes ___ No (If "Yes", explain details in Remarks Section below.) Racing organizations affiliated with? _____ Races supervised by? _____ Frequency(# Races) Last 12 Months _____ 12-24 Months ago _____ Estimated Next 12 Months _____
	_____ I do not participate in Underwater Sports. (Skip to next section.) Type: ___ Scuba ___ Skin ___ Snorkel Purpose: ___ Recreation ___ Rescue ___ Salvage Locations: ___ Oceans ___ Lakes ___ Rivers ___ Pools ___ Quarries ___ Caves ___ Other _____ Have you received formal diving training? ___ Yes ___ No (If "Yes", give details in Remarks Section below.) Do you use the "buddy system"? ___ Yes ___ No Average Time at each depth? 0-75 ft _____ 75-125 ft _____ Over 125 ft _____ # of Dives: Last 12 Mths _____ 12-24 Mths Ago _____ Estimated Next 12 Mths _____
SECTION 3 SKY SPORTS	Please identify which activities you participate in: ___ I do not participate in Sky Sports. (Skip to next section.) ___ Sky Diving ___ Hang Gliding ___ Ultralights ___ Biplaning ___ Parachuting ___ Ballooning ___ Other _____ If sky diving: _____ If ballooning: _____ Delayed jumping done?..... ___ Yes ___ No Gas ballooning..... ___ Yes ___ No Any stunting or baton passing?.... ___ Yes ___ No Are you a member of a club?..... ___ Yes ___ No Hot air ballooning..... ___ Yes ___ No What class of license do you hold? _____ Usual location or type of terrain? _____ In the past 10 years have you been in an accident connected with this avocation(s)? ___ Yes ___ No (If "Yes", give details in Remarks Section below.) # Flights or Jumps: Last 12 Mths _____ 12-24 Mths ago _____ Estimated Next 12 Mths _____ Average Height _____ Average Distance _____ Average Duration _____ Maximum Height _____ Maximum Distance _____ Maximum Duration _____

Remarks or Other Avocations(Include details regarding nature, locations, frequency, and degree of participation.)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Signed at: _____ X _____
City and State Signature of Proposed Insured

Date: _____