

# Avocation - Sports Questionnaire

Proposed Insured's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex:  M  F  
Tobacco Use:  Yes  No Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_  
Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured, please answer the following:

## RODEO RIDING - SECTION A

1. Are you affiliated with any rodeo circuit, club or organization?  No  Yes, Organizations: \_\_\_\_\_
2. What event(s) do you participate in?  Brono Riding  Steer Riding  Roping  
 Bull Dogging  Other: \_\_\_\_\_
3. How frequently do you participate? \_\_\_\_\_
4. Give locations you have participated in the last year: \_\_\_\_\_

## PARACHUTE JUMPING AND COMPETITION - SECTION B

1. Are you a member of the Parachute Club of America?  No  Yes
2. Do you have a parachute license?  No  Yes
3. Number of jumps you have made in the last 12 months: \_\_\_\_\_
4. Number of jumps you expect to make in the next 12 months: \_\_\_\_\_
5. Number of jumps you have made to date: \_\_\_\_\_
6. Do you ever participate in sky diving or delayed chute-opening competitions?  
 No  Yes, number of jumps: \_\_\_\_\_ Maximum Time Delay: \_\_\_\_\_
7. Do you participate in any baton passing or other stunts?  No  Yes, frequency: \_\_\_\_\_
8. Do you plan to participate in any parachute jumping competitions in the future?  No  Yes
9. Locations of your jumps: \_\_\_\_\_

## UNDERWATER DIVING (SKIN, SCUBA, ETC) - SECTION C

1. Are you affiliated with any skin diving club(s)?  No  Yes, Name(s): \_\_\_\_\_
2. Where do you dive? \_\_\_\_\_ Purpose for diving: \_\_\_\_\_
3. How many times do you dive in a 12 month period? \_\_\_\_\_
4. What equipment do you use for diving? \_\_\_\_\_
5. What is the average depth you dive? \_\_\_\_\_ ft. Maximum depth to date: \_\_\_\_\_ ft.
6. How long do you remain submerged? \_\_\_\_\_
7. Does another diver or skilled swimmer always accompany you when you dive?  No  Yes
8. How many years have you been diving? \_\_\_\_\_
9. Do you intend to continue diving?  No  Yes

## OTHER AVOCATIONS - SECTION D

Give details of any avocation commonly considered hazardous, which have not been specifically noted above:

Date: \_\_\_\_\_ Proposed Insured's Signature \_\_\_\_\_