## **AVOCATIONS**

CLIENT NAME:						Date:		
☐ Male ☐ Female								
Tobacco Use: ☐ Ne\			* *			-		
Type of Coverage:				-				
Coverage Amount: _								
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								
		PROP	OSED INSURED'S	S EXISTING I	NSURANCE			
Full Name of Company Face		Face A	Amount		Year Issued	Is Policy to	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 Inside the Continental U.S.		.S.	Date		
How long have you been diving? yrs mth(s). What certification(s) do you hold? Do you								
Dive Depths Under 75 ft.		During the Pas	St 12 WOULUS		Contemplated in the Next 12 Months			
76 ft. to 150 ft.								
150 ft. or deeper								
		l				l .		
SKY DIVING								
What kind of license do	you hold?			Hov	v many jumps have y	ou logged?		
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:								
HAND GLIDING, U	JLTRA LIGH	IT FLYING, AN	ND HOT AIR E	BALLOONS				
Type of craft flown Type of terrain								
Number of flights in the			_			_		
Do you participate in competitive or stunt events? ☐ Yes ☐ No Are you a licensed piolt? ☐ Yes ☐ No								
What certification(s) do you hold?								
With the avocation abo	-			-				

## **FAMILY HISTORY (ADDENDUM)**

CLIENT NAME: Male □ Female Date of birth:									
□ Male □ Female Date of birtin.	neigiit	weight:							
<ul> <li>1. Has the proposed insured had relative(s) with any of the following:</li> <li>□ Parent</li> </ul>									
Has had:  Cancer Diabetes  Age of onset:			☐ Other (explain below)						
☐ Brother			Other (explain below)						
Age of onset:			Utilet (explain below)						
☐ Sister  Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)						
Age of onset:	Date of death:								
2. If yes to any of the above, please provide details/information									