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## SPORT, AMUSEMENT, OR AVOCATION QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured:				DOB: _		
						MM/DD/YYYY
	Auto Racing Boat Racing Boxing	<ul><li>☐ Ballooning</li><li>☐ Hang Gliding/Ultralig</li><li>☐ Motorcycle Racing</li></ul>	hts	☐ Parachuting/Skyo ☐ Professional Athl ☐ Scuba/Skin Divin	etics	☐ Snowmobile Racing
1)	What national clubs or associations are you affiliated with in connection with this activity?					
2)	List any special licenses, professional or amateur titles you hold in connection with this activity?					
3)	Do you participate for monetary gain or profit?  Yes  No Earnings last 12 months:					
4)	In what geographical locations do you normally participate in this sport or avocation? (i.e., type track or body of water, etc.)					
5)	Do you or have you ever participated in any experimental forms of this sport or avocation? ☐ Yes ☐ No If yes, give full details:					
6)	How long have you been participating in this sport or avocation?					
7)	Frequency of participation:					
8)	What is the greatest height-speed you have attained?					
9)	How many times have you attained this height-speed? Total: Last 12 months:					
10)	What is the average height-speed?					
11)	What is the average length of time you spend in each instance of participation in this activity?					
12)	The following to be answered by those participating in motor sports:					
	Type of motor spo	ort?	Make 8	k model of vehicle?		Is it modified?
	Class?		What H	IP?		Engine displacement?
						Type of track?
13)	What equipment of Do you dive alone	oe answered by those pa do you use?e?			Do	tivities: b you own this equipment? erage depth? umber of times attained?
I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.  Signature of Proposed Insured  Date						
Sig	nature of Propose	d Insured		Date		

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If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery