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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/Ultraligh</li><li>☐ Motorcycle Racing</li></ul>	nts	☐ Parachuting/Skydiv☐ Professional Athlet☐ Scuba/Skin Diving	_	☐ 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 great	What is the greatest height-speed you have attained?					
	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 sport?					Is it modified?	
	Class?		What F	 IP?		Engine displacement?	
	Type of Fuel?Es		Estima	ted top speed?		Type of track?	
13) The following to be answered by those participating in scuba and other diving activities:							
What equipment do you use? Do you own this equipment?							
	Do you dive alone?					erage depth?	
				Number of times attained?			
I understand that this declaration will be relied upon by the 1891 Financial Life Insurance 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							

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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