



financial life

A Fraternal Benefit Society

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SPORT, AMUSEMENT, OR AVOCATION QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED DO NOT USE FOR AVIATION

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

- Auto Racing Ballooning Parachuting/Skydiving Snowmobile Racing
- Boat Racing Hang Gliding/Ultralights Professional Athletics
- Boxing Motorcycle Racing Scuba/Skin Diving

- 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: 1-2 years ago Past 12 months Next 12 months
- 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 sport? _____ Make & model of vehicle? _____ Is it modified? _____
Class? _____ What HP? _____ Engine displacement? _____
Type of Fuel? _____ Estimated 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? _____ Average depth? _____
Maximum depth? _____ Number of times attained? _____

I understand that this declaration will be relied upon by the 1891 Financial Life in determining my insurability. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. I declare that the above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured Date

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