

Return to - jim@uswolfe.com or Fax to 815-377-3556

AVOCATION - HAZARDOUS SPORTS QUESTIONNAIRE

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

RODEO RACING - SECTION A

1. Are you affiliated with any rodeo circuit, club, organizations? Yes No
Details: _____
2. What event(s) do you participate in (please circle all that apply)?
Bronco Riding Roping Other(s): _____
Bull Dogging Steer Riding
3. How frequently do you participate?
4. Give locations where you participated in the last year:
Details: _____

PARACHUTE JUMPING AND COMPETITION - SECTION B

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

UNDERWATER DIVING (SKIN DIVING, SCUBA DIVING, etc.) - SECTION C

1. Are you affiliated with any skin diving club(s)? Yes No
Details: _____
2. Where do you dive?
3. What is your purpose for diving?
4. How many times do you dive in a 12 month period?
5. What equipment do you use for diving?
6. What is the average depth you dive?
7. How long do you remain submerged?

8. Does another diver or skilled swimmer always accompany you when you dive? Yes No
9. How many years have you been diving?
10. Do you intend to continue diving? Yes No

OTHER AVOCATIONS - SECTION D

Provide details on the back of this page of any avocation commonly considered hazardous, which has not been specifically noted above.

Additional Information:

Date: _____

Insured's Signature: _____

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