

Aviation/Avocation Supplemental Questionnaire to Application

Name of Applicant	Date of Birth			Policy Number
	Month	Day	Year	

1. Aviation Activities

Please give full details on all questions — types of planes, activities, names of organizations, etc.

Hours as a student, pilot, co-pilot or crew member											
	Past 12 Mos	Next 12 Mos		Past 12 Mos	Next 12 Mos		Past 12 Mos	Next 12 Mos		Past 12 Mos	Next 12 Mos
Private flying or pleasure flying			Crop treatment			Military (give details)			Balloonist		
Nonscheduled airline			Charter plan or air taxi			Crew member (give details)			Business		
Company-owned plane			Experimental or testing			Weather control			Scheduled airlines		
Flight instruction			Search and rescue			Business			Aerial fire fighters		
Student			Law enforcement			Hang Gliding			Aerobatics		
Other Aviation Activities:											
Details											

- a. Total all hours flown as a pilot: _____ Date of last flight: _____
- b. Pilot certificates currently held (check each that applies):
 Student Private Commercial In-air Flight Instructor Scheduled Airline Airline Transport
 Other: _____
 Certificate No.: _____ Date of Issue: _____ Country of Issue: _____
- c. Ratings currently held:
 ASEL AMEL ASES AMES Helicopter Instrument Other: _____
- d. Aircraft flown last 12 months and/or expected next 12 months:
 Propeller Fixed Wing Jet Helicopter Instrument Prototype Personally built or assembled; if so, give details and advise if FAA approved: _____
 Ultra-light Experimental Other: _____
- e. Are you part or full owner of any type of aircraft? _____ Make and model: _____
- f. Percentage of flying outside of the U.S. or Canada: _____ Areas: _____
- g. Ever grounded? Yes No if "yes", give dates and details: _____
- h. Should you not qualify for full coverage at standard rates, do you desire: (a) Full coverage with extra premium;
 or (b) Restricted aviation coverage without extra premium if available

2. Underwater Diving

- a. Type: Scuba Skin or Snorkel
- b. Purpose: Recreation Rescue Salvage Specify: _____
- c. Locations: Oceans Lakes Rivers Pools Quarries Caves Other: _____
- d. Have you received formal diving training?: Yes No If "yes", explain full details: _____
- e. Do you use the "buddy system"? Yes No
- f. Diving details: _____ Frequency (days): _____

Depth	Average Time (Minutes)	Last 12 Months	1 to 2 Years Ago	Estimated Next 12 Months
0 - 75 ft.				
76 - 100 ft.				
101 - 150 ft.				
over 150 ft.				

3. Racing: Auto, Motorcycle, Snowmobile, Motorboat, Bobsledding

- a. Type: Midget Stock Hot rod Go-kart Drag Sports car Snowmobile Cycle
 Boat Other: _____
- b. Vehicle or boat: Make and model: _____
Displacement: _____
Horsepower: _____
Class and category: _____
- c. Maximum speed attained: _____ m.p.h.
- d. Timing: Vehicle vs. vehicle Vehicle vs. clock
- e. Location (oval track, closed circuit, drag strip, hill climb, etc.; indicate all): _____

- f. Have you ever had a racing accident? Yes No If "yes, explain full details: _____

- g. Racing organization affiliated with: _____

- h. Races supervised by: _____
- i. Frequency (number of days): _____ Last 12 months: _____
1 to 2 years ago: _____ Estimated next 12 months: _____

4. Parachuting or Skydiving

- a. Do you participate in skydiving or delayed chute-opening competition? Yes No
- b. Are you a member of the United States Parachute Association? Yes No
- c. Do you parachute over or near water? Yes No
If "yes", explain full details: _____
- d. Frequency of activity (number of jumps): _____ Last 12 months: _____
1 to 2 years ago: _____ Estimated next 12 months: _____

5. Mountain or Rock Climbing

- a. Locations (ranges, caves, rock formations, trails; include usual heights and geographic areas): _____

- b. Type: Rock Ice Specify: _____
- c. Do you use direct-aid climbing? Yes No
- d. Do you participate as a guide or engage in rescue duties? Yes No
- e. Have you had a climbing accident? Yes No
If "yes", explain full details: _____
- f. Frequency of activity (number of days in climbing): _____ Last 12 months: _____
1 to 2 years ago: _____ Estimated next 12 months: _____

6. Remarks or Other Avocations (including details on nature, location, frequency, and degree of participation)

I agree that this supplement shall be an amendment to and form a part of the original application for life or health insurance dated month_____/day_____/year____ and of the Policy issued, if any, and that it shall be binding on any person or persons who shall have or claim any interest under the Policy:

Dated at _____ this _____ day of _____, 20_____

Signature of Agent _____ Signature of Applicant _____

Notice to Ohio Residents: Any person, who with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.