

The United States Life Insurance Company in the City of New York

175 Water St, New York, NY 10038

In this form, the "Company" refers to the insurance company named above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Are you affiliated with any racing organization? ☐ yes ☐ no

If yes, provide name(s) _____

2. Have you attended a competition driver's school? ☐ yes ☐ no

3. Do you hold a competition driver's license from any organization? ☐ yes ☐ no

If yes, specify _____

4. Do you own a competitive vehicle? ☐ yes ☐ no

If yes, indicate type(s) _____

5. Check the type of racing in which you participate (check all that apply).

- | | | |
|--|--|--|
| <input type="checkbox"/> ATV, off road | <input type="checkbox"/> Formula Racing | <input type="checkbox"/> Solo Events (Rally, Slalom, etc.) |
| <input type="checkbox"/> Auto Crash/Demolition Derby | <input type="checkbox"/> Grand Prix (Formula 1) | <input type="checkbox"/> Sports Car (SCCA) |
| <input type="checkbox"/> Boat/Watercraft | <input type="checkbox"/> Go Kart Racer | <input type="checkbox"/> Stock (NASCAR, etc.) |
| <input type="checkbox"/> Championship/Indy Car | <input type="checkbox"/> Midget & Sprint | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Drag | <input type="checkbox"/> Motorcycle & Motorcross | |
| <input type="checkbox"/> Dune/Sand Buggy | <input type="checkbox"/> Snowmobile | |

Vehicle make _____ Model _____

Class _____ Category _____ Division _____

Engine displacement _____ Horsepower _____

Gas _____ Fuel _____

Professional? ☐ yes ☐ no

Amateur? ☐ yes ☐ no

6. Type of course:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Paved Track | <input type="checkbox"/> Oval Track | <input type="checkbox"/> Road Course |
| <input type="checkbox"/> Desert/Off Road | <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Drag Strip | <input type="checkbox"/> Formula | <input type="checkbox"/> Other _____ |

7. Length of track _____ course _____

8. Length of race: miles _____ laps _____ time _____

9. Maximum speed: mph _____



Proposed Insured continued

10. Number of races: _____ Last 12 months: _____

11. Do you anticipate racing in any other type or class of racing? ☐ yes ☐ noIf yes, specify type and provide above details for each type: _____
_____**Scuba Diving**1. Are you PADI, NAUI or SSI certified or are all dives with a divemaster or instructor? ☐ yes ☐ no

2. How long have you been diving? _____

3. How many months of the year do you dive? _____

4. Are you a member of an organized club? _____

5. What type of equipment is used? _____

6. What are locations of diving activities? _____

	During the past 12 months		Expected next 12 months	
	Number of dives	Average time under water per dive	Number of dives	Average time under water per dive
a. 50 feet or less				
b. 51 feet to 75 feet				
c. 76 feet to 100 feet				
d. 101 feet to 150 feet				
e. Over 150 feet				

7. Other than recreational diving have you ever or do you plan to participate in the next two years in the following diving activities: cave, ice, rescue/recovery, commercial, construction or wreck? ☐ yes ☐ noIf yes, provide details _____
_____**Other Sports or Activities**

In the next two years do you plan to participate in other sports or activities: Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Hot-Air Ballooning, Base or Bungee Jumping, Extreme Sports or Rodeo?

1. Give Details (Equipment used, Training, Certifications, Location of activity, etc.): _____
_____2. Date of last activity: _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that any material misrepresentation of fact by me may invalidate the contract.

Proposed Insured Signature**X***(If under age 14 1/2, signature of parent or guardian)***Signed at** (city, state) _____**Signed on** (date) _____