

TIC Financial Services

AVOCATION - SPORTS QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

RODEO RIDING - SECTION A

1. Are you affiliated with any rodeo circuit, club or organization? No Yes, Organizations
2. What event(s) do you participate in?
 Bronco riding Steer riding Roping Bull dogging
 Other:
3. How frequently do you participate?
4. Give locations where you participated in the last year?

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? No Yes, 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?
 No Yes, Number of jumps: _____, Maximum time delay: _____
7. Do you participate in any baton passing or other stunts? No Yes, Details:
Frequency: _____
8. Do you plan to participate in any parachute jumping competitions in the future?
 No Yes, 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)? No Yes, Name(s): _____
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? _____ feet, Maximum depth to date: _____ feet
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

Give details of any avocation commonly considered hazardous, which have not been specifically noted above:

ADDITIONAL DETAILS - SECTION E

Give any additional information that might assist us in evaluating the risk in any avocation listed above:

Date: _____ Proposed Insured's Signature: _____