



Trinity Life Insurance Company

7633 East 63rd Place, Suite 230

Tulsa, OK 74133

Phone: (918) 249-2438 Fax: (918) 249-2478

AVOCATION QUESTIONNAIRE

Name of Proposed Insured: Date of Birth:

Section I Racing, Auto, Motorcycle, Snowmobile, Motorboat

Racing Sports

Type: midget stock hotrod drag sportscar snowmobile cycle boat Other

Vehicle or boat: make & model Class & category...
Displacement..... Horsepower.....

Timing: vehicle vs. vehicle vehicle vs. clock Maximum speed attained mph

Location: oval track closed circuit drag strip hill climb other

Have you ever had a racing accident? Yes No (If "Yes", explain details in Remarks below.)

Racing organizations affiliated with

Races supervised by

Frequency (Number of Races) Last 12 Months 1 to 2 Years Ago Estimate Next 12 Months

Section II Underwater Sports

Type: scuba skin snorkel Purpose: recreation rescue salvage

Locations: oceans lakes rivers pools quarries caves other

Have you received formal diving training? Yes No (If "Yes", give details in Remarks below.)

Do you use the "buddy system"? Yes No

Depth	Average Time	Number of Dives Last 12 Months	Number of Dives 1 to 2 years Ago	Numbers of Dives Est. Next 12 Months
0-75 ft	Mins. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
75-125 ft	Mins. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Over 125 ft.	Mins. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section III Sky Sports

Sky Sports

Please Identify Which of the Activities You Participate In:

sky diving hang gliding ultralights biplaning parachuting ballooning other

If sky diving: Delayed jumping done? Yes No If ballooning: Gas ballooning..... Yes No

Any stunting or baton passing? ... Yes No Hot air ballooning..... Yes No

Are you a member of a club?..... Yes No

What class of license do you hold?.....

Usual location or type of terrain.....

Have you been in an accident connected with this avocation? Yes No (If "Yes", give details in Remarks below.)

Number of flights or jumps: Last 12 Mos. 1 to 2 Years Ago Est. Next 12 Mos.

Average height Maximum height

Average distance Maximum distance

Average duration Maximum duration

Remarks or Other Avocations (Include details regarding nature, locations, frequency, and degree of participation.)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Date City and State

Signature of Proposed Insured