

Avocation Questionnaire

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

A subsidiary of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is shown above.

The insurance 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.

Auto Racing

Proposed insured _____ 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 types(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"/> Stock |
| <input type="checkbox"/> Auto Crash/Demolition Derby | <input type="checkbox"/> Grand Prix (Formula 1) | <input type="checkbox"/> Sports Car |
| <input type="checkbox"/> Championship/Indy Car | <input type="checkbox"/> Go Kart Racer | <input type="checkbox"/> Solo Events (Rally, Slalom, etc.) |
| <input type="checkbox"/> Drag | <input type="checkbox"/> Midget | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Dune/Sand Buggy | <input type="checkbox"/> Sprint | _____ |

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 _____

Auto Racing continued

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

11. Do you anticipate racing in any other type or class of racing? Yes No

If yes, specify type and provide above details for each type:

Scuba Diving

1. How long have you been diving?

2. How many months of the year do you dive?

3. Are you a member of an organized club?

4. What type of equipment is used?

5. 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				

Other Activities

Other activities to include Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Boat Racing, Hydroplane Racing, etc.

1. Give Details:

2. Date of last activity:

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Owner _____ Date _____

Signed at (City, State) _____

Witness _____ Date _____

Proposed insured _____ Date _____
(If under age 15, signature of parent or guardian)