



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 638-8428

Diving and Racing Questionnaire Supplement to Application

Supplement to application for life insurance on the life of _____

Please give full details on all questions - types of activity, frequency, extent, etc.

Do you, have you ever, or do you expect to engage in:

Yes No

Skin or Scuba Diving

1. How many years have you been diving? _____
2.
 - a. Number of dives in the past 12 months _____
 - b. Number of dives in the past 36 months _____
 - c. Number of dives anticipated in the next 12 months _____
 - d. Date of last dive _____
 - e. Do you dive alone?
 - f. Average depth of dive (in feet) _____
 - g. Greatest depth of dive (in feet) _____
 - h. Type of equipment used _____
 - i. Are you a professional diver?
 - j. Have you ever done or do you intend to do underwater recovery or salvage work?
 - k. Are you nationally certified?
 Name of national organization _____

Motor Racing - performance testing or stunt driving, automobile, motorcycle, motorboat, etc.

1. How many years have you been active in motor sports? _____
2.
 - a. Type of vehicle _____
 - b. Type of race _____
 - c. Number of races in the past 12 months _____
 - d. Number of races in the past 36 months _____
 - e. Number of races anticipated in the next 12 months _____
 - f. Type of track / course _____
 - g. Location of track / course _____
 - h. Do you travel to other localities to race?
 If Yes, list where _____
 - i. Horsepower and/or engine displacement _____
 - j. Formula _____ Production _____
 - k. Maximum speed attained (mph) _____
 - l. Do you race professionally or for cash prizes?
 - m. Do you belong to any sanctioned group?
 If Yes, list _____
 - n. Have you ever, or do you expect to engage in any stunt driving?

COMPLETE SECTION BELOW

(Include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, hydroplane, etc.)

Type of Vehicle	Type of Event	Type of Track / Course with Location	Past 12 Months		Past 1-2 Years		Est. Next 12 Mos.	
			Number	Miles	Number	Miles	Number	Miles

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____

Date _____