



Diversified Marketing Group, Inc.
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: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

RODEO RIDING - SECTION A

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

PARACHUTE JUMPING AND COMPETITION - SECTION B

- Are you a member of the Parachute Club of America? Yes No
- Do you have a parachute license? No Yes, Class of license: _____
- Number of jumps you have made to date: _____
- Number of jumps you have made in the last 12 months? _____
- Number of jumps you expect to make in the next 12 months? _____
- Do you ever participate in sky diving or delayed chute-opening competitions?
 No Yes, Number of jumps: _____, Maximum time delay: _____
- Do you participate in any baton passing or other stunts? No Yes, Details:
 Frequency: _____
- Do you plan to participate in any parachute jumping competitions in the future?
 No Yes, Details: _____
- Locations of your jumps? _____

UNDERWATER DIVING (SKIN DIVING, SCUBA DIVING, etc.) - SECTION C

- Are you affiliated with any skin diving club(s)? No Yes, Name(s): _____
- Where do you dive?
- What is your purpose for diving?
- How many times do you dive in a 12 month period?
- What equipment do you use for diving?
- What is the average depth you dive? _____ feet, Maximum depth to date: _____ feet
- How long do you remain submerged?
- Does another diver or skilled swimmer always accompany you when you dive? Yes No
- How many years have you been diving?
- 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:

Underwriter's Notes:

Date: _____ Proposed Insured's Signature _____ FAX: 513-321-1360