

This application supplement is attached to and made part of the application for insurance. In this application supplement, "you" and "your" mean the proposed insured.

Proposed Insured	Birth Date
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Complete this supplement for any sports and/or avocations in which you currently participate professionally, have participated professionally, or plan to participate professionally.

1. Racing – (Land/Water)

a. Type of Race: _____ Sanctioned by: _____
Maximum speed: _____
Average speed: _____
Number of races in the last 12 months: _____ Total race miles: _____
Number of races expected in the next 12 months: _____ Total race miles: _____

b. Date of last race: _____

c. Describe type of course: _____

2. Caving, heli-skiing and all aeronautics (including parachute jumping, skydiving and hang gliding)

a. List activity: _____
Number of flights or descents in the last 12 months: _____
Number of flights or descents expected in the next 12 months: _____
Locations of activity: _____

b. Date of last activity: _____

c. Describe type of equipment used:

3. Rock climbing and mountaineering

a. Check types:
 Trail Rock Snow Ice Glacier Indoor Other (Explain)
Remarks: _____

b. Frequency of each type of climbing: _____

c. Date, location and type of last climb: _____

d. Describe type of equipment used:

e. Duration, elevation and degree of difficulty of your average climb:

4. Underwater diving

a. Complete the following:

Depth of dives in the last 12 months	Number of dives in the last 12 months	Number of dives planned in the next 12 months	Average time at depth
100 feet and less			
101 feet or more			

b. Maximum depth achieved: _____ feet Date achieved: _____

c. Date of last diving activity: _____

d. Do you participate in salvage, search or rescue, cave diving, ice diving or any other specialty diving?... Yes No

If Yes, please provide details including type, purpose, frequency:

5. Other hazardous sports or avocations in which you participate professionally. Give details of your activities.

6. Remarks. (Use this space for any additional information or details not included above.)

I Represent That: All answers in this application supplement are true and complete to the best of my knowledge and belief; and they are correctly recorded; and any and all answers I have provided to any representative of The Standard are recorded in this application.

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

 Signature of Proposed Insured

Signed at _____ on _____
 City, State Date