

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

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

Motor Vehicle Racing

First Name _____ MI _____ Last Name _____ 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 type(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"/> Solo Events (Rally, Slalom, etc.) |
| <input type="checkbox"/> Auto Crash/Demolition Derby | <input type="checkbox"/> Grand Prix (Formula 1) | <input type="checkbox"/> Sports Car (SCCA) |
| <input type="checkbox"/> Boat/Watercraft | <input type="checkbox"/> Go Kart Racer | <input type="checkbox"/> Stock (NASCAR, etc.) |
| <input type="checkbox"/> Championship/Indy Car | <input type="checkbox"/> Midget & Sprint | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Drag | <input type="checkbox"/> Motorcycle & Motorcross | |
| <input type="checkbox"/> Dune/Sand Buggy | <input type="checkbox"/> Snowmobile | |

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 _____

Motor Vehicle 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. Are you PADI, NAUI or SSI certified or are all dives with a divemaster or instructor? yes no

2. How long have you been diving? _____

3. How many months of the year do you dive? _____

4. Are you a member of an organized club? _____

5. What type of equipment is used? _____

6. 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				

7. Other than recreational diving have you ever or do you plan to participate in the following diving activities: cave, ice, rescue/recovery, commercial, construction, wreck, etc.? yes no

If yes, provide details _____

Other Sports or Activities

Other activities to include Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Extreme Sports, Rodeo, etc.

1. Give Details (Equipment used, Training, Certifications, Location of activity, etc.): _____

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.

Signed at (City, State) _____

Proposed Insured Signature X _____ Date _____

(If under age 15, signature of parent or guardian)