

Proposed Insured: _____

NRIC/SSN/Passport No: _____ Date of Birth: _____



Please answer each question.

1. Scuba Diving

No, I do not participate. Yes, I do participate.
 Number of times per year: _____ Diving Locations: _____
 Type of equipment used: _____
 Depth in feet: Average: _____ Maximum: _____ Number of times per year to Maximum depth? _____
 How will your participation change in the next 24 months? _____

2. Aeronautics. Includes hang-gliding, soaring, sky diving, ballooning, ultralight, etc.

No, I do not participate. Yes, I do participate in _____
 Number of times per year: _____
 Locations of activity: _____
 Type of equipment used: _____
 Do you belong to a club or association? Yes No If yes, give name: _____
 How will your participation change in the next 24 months? _____

3. Powered racing of competitive vehicles. Includes motorcycles, automobiles, powerboats, snowmobiling, etc.

No, I do not participate. Yes, I do participate in _____
 Number of times per year: _____ Location of activity: _____
 Racing Classification: _____
 Type and description of vehicle used: _____
 Describe race and track: _____

 Attained speeds: Maximum _____ Average _____
 How will your participation change in the next 24 months? _____

4. Mountain Climbing

No, I do not participate. Yes, I do participate.
 Number of times per year: _____ Locations: _____

 Rock Climbing Classification: _____
 What type of equipment is used: _____
 Do you participate in ice and snow climbing? Yes No
 How will your participation change in the next 24 months? _____

5. Rodeos, Competitive Skiing or Bobsledding

No, I do not participate. Yes, I do participate in: _____
 Number of times per year: _____ Locations: _____
 Describe activities: _____

 How will your participation change in the next 24 months? _____

It is represented that the statements and answers given in this Supplement to the Application are true, complete and correctly recorded. It is agreed that this Supplement shall be a part of the Application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Insured Witness to Signature of Proposed Insured

AGREEMENT OF PROPOSED OWNER IF OTHER THAN PROPOSED INSURED

The Proposed Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this supplement to the Application. If the Proposed Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as Proposed Owner, give corporate title and full name of corporation with the company stamp below.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Owner Witness to Signature of Proposed Owner

Corporate Title: _____ Corporation Name: _____