



## Special Activities Supplement to Application

Banner Life Insurance Company  
1701 Research Boulevard  
Rockville, Maryland 20850

Supplement to application for life insurance on the life of \_\_\_\_\_  
(Print name of Proposed Insured.)

The following questions pertain to \_\_\_\_\_  
(Print name of person on whom this Supplement to Application is being completed.)

### A. AVIATION

1. Type of license \_\_\_\_\_
2. Date license was issued \_\_\_\_\_
3. Date of last flight as pilot or student pilot \_\_\_\_\_
4. Total number of hours flown as pilot \_\_\_\_\_
5. Number of hours flown in past 12 months \_\_\_\_\_
6. Number of hours flown in past 24 months \_\_\_\_\_
7. Number of hours to be flown in next 12 months \_\_\_\_\_
8. Are you a paid flyer? ☐ Yes ☐ No (If YES, give type of activity.) \_\_\_\_\_
9. Type of aircraft flown or flown in: \_\_\_\_\_
10. Have you ever had an aviation accident or been grounded, fined, or reprimanded for aviation violations?  
☐ Yes ☐ No If YES, explain \_\_\_\_\_
11. Over what areas are flights made? \_\_\_\_\_
12. If extra premium or aviation exclusion is necessary, which is desired? ☐ Extra Premium ☐ Aviation Exclusion

### B. MOTOR RACING (Automobile, Motorcycle, Motorboat, etc.)

1. Type of vehicle \_\_\_\_\_
2. Type of race \_\_\_\_\_
3. Number of races in the past 12 months \_\_\_\_\_
4. Number of races in the past 36 months \_\_\_\_\_
5. Number of races anticipated in next 12 months \_\_\_\_\_
6. Type of track / course \_\_\_\_\_
7. Location of track / course \_\_\_\_\_
8. Do you travel to other localities to race? ☐ Yes ☐ No If YES, list where \_\_\_\_\_
9. Horsepower and/or engine displacement \_\_\_\_\_
10. Formula \_\_\_\_\_ Production \_\_\_\_\_
11. Maximum speed attained (MPH) \_\_\_\_\_
12. Do you race professionally or for cash prizes? ☐ Yes ☐ No
13. Do you belong to any sanctioned groups? ☐ Yes ☐ No  
If YES, list \_\_\_\_\_

### C. SKIN OR SCUBA DIVING

1. Number of dives in the past 12 months. (Give details in Question 12 below.) \_\_\_\_\_
2. Number of dives in the past 36 months \_\_\_\_\_
3. Number of dives to be made in the next 12 months. (Give details in Question 12 below.) \_\_\_\_\_
4. Date of last dive \_\_\_\_\_
5. Do you dive alone? ☐ Yes ☐ No
6. Average depth of dive (in feet) \_\_\_\_\_
7. Greatest depth of dive (in feet) \_\_\_\_\_
8. Type of equipment used \_\_\_\_\_
9. Are you a paid professional diver? ☐ Yes ☐ No

**SKIN OR SCUBA DIVING (Continued)**

10. Do you belong to a diving club? ..... ☐ Yes ☐ No  
(If YES, give name of club and if certified.) \_\_\_\_\_
11. Location of dives (rivers, lakes, ocean) \_\_\_\_\_
12. Details in connection with Questions 1 and 3.

Depth of Dive: Diving or Submerging	No. of Dives Past 12 Months	Average Time Underwater per Dive	Expected No. of Dives Next 12 Months
To 50 feet or less			
To 75 feet			
To 100 feet			
To 150 feet			
To 200 feet			
Over 200 feet			

**D. SKY DIVING , HANG GLIDING, PARACHUTING OR BALLOONING**

- |   | Jumps                        | Flights                     |
|---|------------------------------|-----------------------------|
| 1. Number of jumps / flights in the past 12 months .....            | _____                        | _____                       |
| 2. Number of jumps / flights in the past 36 months .....            | _____                        | _____                       |
| 3. Number of jumps / flights to be made in next 12 months .....     | _____                        | _____                       |
| 4. Date of last jump / flight (month/day/year) .....                | _____                        | _____                       |
| 5. Type of equipment used .....                                     | _____                        | _____                       |
| 6. Are you a paid professional? .....                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you belong to a club? .....                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If YES, give name of club.) .....                                  | _____                        | _____                       |
| 8. Over what area (type of terrain) are jumps / flights made? ..... | _____                        | _____                       |

**E. MILITARY ACTIVITIES**

1. Branch \_\_\_\_\_ ☐ Reserves ☐ National Guard ☐ Full-Time
2. Type of Unit \_\_\_\_\_ Pay Grade \_\_\_\_\_
3. Service dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Military Specialty \_\_\_\_\_
4. Any military aviation activities? ..... ☐ Yes ☐ No  
(If YES, explain.) \_\_\_\_\_
5. Any military combat activities? ..... ☐ Yes ☐ No  
(If YES, explain with locations and dates.) \_\_\_\_\_

**F. TRAVEL OR RESIDENCE OUTSIDE THE UNITED STATES OR CANADA**

1. Location \_\_\_\_\_
2. Purpose \_\_\_\_\_
3. Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of my knowledge and belief, the answers recorded herein are true and complete. It is agreed that this Supplement to Application, a copy of which shall be attached to the policy when issued, shall become a part of the policy.

(Please DO NOT use felt tip pen for signatures.)

Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ on \_\_\_\_\_ Date (month/day/year)

X \_\_\_\_\_  
Proposed Insured (or parent or legal guardian if  
Proposed Insured is a minor)

X \_\_\_\_\_  
Owner, if other than Proposed Insured

X \_\_\_\_\_  
Agent

Agent # \_\_\_\_\_