

- 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

Subsidiaries of American International Group, Inc.

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.

## Auto Racing

Proposed insured \_\_\_\_\_ 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 types(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"/> Stock                             |
| <input type="checkbox"/> Auto Crash/Demolition Derby | <input type="checkbox"/> Grand Prix (Formula 1) | <input type="checkbox"/> Sports Car                        |
| <input type="checkbox"/> Championship/Indy Car       | <input type="checkbox"/> Go Kart Racer          | <input type="checkbox"/> Solo Events (Rally, Slalom, etc.) |
| <input type="checkbox"/> Drag                        | <input type="checkbox"/> Midget                 | <input type="checkbox"/> Other: Specify _____              |
| <input type="checkbox"/> Dune/Sand Buggy             | <input type="checkbox"/> Sprint                 | _____  |

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 \_\_\_\_\_

## Auto 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. How long have you been diving?  
\_\_\_\_\_

2. How many months of the year do you dive?  
\_\_\_\_\_

3. Are you a member of an organized club?  
\_\_\_\_\_

4. What type of equipment is used?  
\_\_\_\_\_

5. 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				

## Other Activities

Do you participate in other activities that include Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Boat Racing, and Hydroplane Racing?

1. Give Details:  
\_\_\_\_\_  
\_\_\_\_\_

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.

Owner \_\_\_\_\_ Date \_\_\_\_\_

Signed at (City, State) \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Proposed insured \_\_\_\_\_ Date \_\_\_\_\_  
(If under age 15, signature of parent or guardian)