

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION - AVIATION, SCUBA DIVING, RACING QUESTIONNAIRES

Proposed Insured (Print): _____ Policy Number: _____

SECTION I: AVIATION QUESTIONNAIRE

1. What is the purpose of present and future flying?	<input type="checkbox"/> Aerobatic Flight <input type="checkbox"/> Business <input type="checkbox"/> Charters <input type="checkbox"/> Commercial <input type="checkbox"/> Cropdusting (<input type="checkbox"/> Ag Plane, <input type="checkbox"/> Other) <input type="checkbox"/> Military <input type="checkbox"/> Pleasure <input type="checkbox"/> Racing <input type="checkbox"/> Student Instruction <input type="checkbox"/> Stunt Flying <input type="checkbox"/> Test Flying
2. What type of license is currently held?	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Student <input type="checkbox"/> ATR (Airline Transport Rating) <input type="checkbox"/> IFR (Instrument Flight Rating)
3. What type of aircraft? (i.e., glider, jet, single engine, experimental, ultralight, amateur, homebuilt, high performance, antique/vintage, etc.)	
4. What is the total number of solo hours?	
5. What is the total number of hours flown in the last 12 months?	
6. What is the total number of hours flown in the last 24 months?	
7. Have you ever had an aviation accident or violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any flights planned over inaccessible or remote areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If aviation requires an extra premium or exclusion rider, which would you prefer?	<input type="checkbox"/> Extra Premium <input type="checkbox"/> Exclusion Rider

SECTION II: SCUBA DIVING QUESTIONNAIRE

1. Do you dive for pleasure or commercial purposes?	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commercial Purposes	
2. Describe your diving history during the last 24 months:	<u>Number of Dives</u>	<u>Average Time</u>
a. Up to 100 Feet	a.	a.
b. 101 to 130 Feet	b.	b.
c. 131 to 148 Feet	c.	c.
d. Over 148 Feet (list maximum depth)	d.	d.
3. How many dives do you plan to make in the next 12 months?		
4. What is the date of your last dive?		
5. Do you engage in:	<input type="checkbox"/> Ice Diving <input type="checkbox"/> Cave Diving <input type="checkbox"/> Night Diving <input type="checkbox"/> Salvage Diving <input type="checkbox"/> Search/Rescue Diving <input type="checkbox"/> Deep Free Diving <input type="checkbox"/> Competitive Diving <input type="checkbox"/> Special Expeditions	

SECTION II continued.....

6. What are the locations of your diving activities?	<input type="checkbox"/> Deep Sea <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean Beaches <input type="checkbox"/> Pools <input type="checkbox"/> Rivers <input type="checkbox"/> Other (Specify):
a. How long have you been diving?	
7. Will you use mixed gas equipment? (Nitrox, Trimix, Heliox, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how often?	
8. Do you dive alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how often?	
1) Are you a certified diver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) What is your level of certification?	
3) What is the date of your last certification?	
b. Are you a member of an organized club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) If Yes, give details.	
9. Have you ever been treated for decompression sickness or arterial gas embolism?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: RACING QUESTIONNAIRE

1. What types of racing vehicles do you use? (i.e., automobile, snowmobile, motorcycle, boat, etc.)	
2. What is the maximum racing speed you have attained?	
a. What engine size do you race?	
3. What specific types of competition do you engage in? (i.e., Midget, Sports Car, Stock Car, Drag, Sprint, Cross Country, Circuit, Grand Prix, Championship, etc.)	
4. What type of fuel is used in the racing vehicle?	
5. Is your racing class amateur or professional?	<input type="checkbox"/> Amateur <input type="checkbox"/> Professional
6. Are you a member of a Racing Association? (i.e., NASCAR, IMSA, SCCA, etc.)	

All statements and answers to the above questions have been correctly recorded. They are complete and true to the best of my knowledge and belief.

Signed At _____ Date _____
City and State *Mo./Day/Yr.*

(X) _____
 Signature of Proposed Insured Witness