WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK

3275 Bennett Creek Avenue,
Frederick, Maryland 21704
(800) 346-4773

HAZARDOUS ACTIVITIES QUESTIONNAIRE

Please give full details on all questions - types of activity, frequency, extent, etc.

Name _____ Date _____

Do you, have you ever, or do you expect to engage in:	Yes	No
1. Any hazardous sport, avocation or hobby?	☐	☐
If not listed below, describe fully, showing frequency, length of time engaged in this activity, hazards, associations or clubs to which you belong, etc. _____		
_____		

Skin or Scuba Diving

2. a. Number of dives in the past 12 months _____		
b. Number of dives in the past 36 months _____		
c. Number of dives anticipated in the next 12 months _____		
d Date of last dive _____		
e. Do you dive alone?	☐	☐
f. Average depth of dive (in feet) _____		
g. Greatest depth of dive (in feet) _____		
h. Type of equipment used _____		
i. Are you a professional diver?	☐	☐
j. Have you ever done or do you intend to do underwater recovery or salvage work?	☐	☐
k. Are you nationally certified?	☐	☐
Name of national organization _____		

Motor Racing - performance testing or stunt driving, automobile, motorcycle, motorboat, etc.

3. a. Type of vehicle _____		
b. Type of race _____		
c. Number of races in the past 12 months _____		
d. Number of races in the past 36 months _____		
e. Number of races anticipated in the next 12 months _____		
f. Type of track / course _____		
g. Location of track / course _____		
h. Do you travel to other localities to race?	☐	☐
If Yes, list where _____		
i. Horsepower and/or engine displacement _____		
j. Formula _____ Production _____		
k. Maximum speed attained (mph) _____		
l. Do you race professionally or for cash prizes?	☐	☐
m. Do you belong to any sanctioned group?	☐	☐
If Yes, list _____		
n. Have you ever, or do you expect to engage in any stunt driving?	☐	☐

COMPLETE SECTION BELOW

(Include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, hydroplane, etc.)

Type of Vehicle	Type of Event	Type of Track / Course with Location	Past 12 Months		Past 1-2 Years		Est. Next 12 Mos.	
			Number	Miles	Number	Miles	Number	Miles

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____

Date _____