

Minnesota Life Insurance Company • Individual Underwriting • 400 Robert Street North • St. Paul, Minnesota 55101-2098

PROPOSED INSURED'S NAME (PLEASE PRINT)

PROPOSED INSURED'S DATE OF BIRTH

SECTION 1 - SKIN DIVING (Please Complete Section III Also)

<p>1. What type of skin diving equipment do you use? <input type="checkbox"/> Snorkel <input type="checkbox"/> Scuba <input type="checkbox"/> Other (Explain)*</p> <p>2. (a) How deep do you usually dive? _____ (b) Do you ever go deeper? _____ If "yes", how deep? _____ How Frequently? _____ (c) Do you use experimental equipment or engage in diving for depth record? _____ (d) Do you contemplate any such activity in the future? _____</p> <p>3. Where is diving done? <input type="checkbox"/> Great Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> Inland Waters <input type="checkbox"/> Other (Give general location. If more than one, state approximate percentage for each).*</p> <p>4. How many years have you been diving? _____</p> <p>5. How long do you usually stay down? _____</p>	<p>6. Do you dive alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had the "bends" or "air embolism" as a result of decompression? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you had any special training? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (State where, type and for how long)</p> <p>9. (a) Indicate type of diving you do <input type="checkbox"/> Pleasure <input type="checkbox"/> Underwater Salvage <input type="checkbox"/> Securing Coral <input type="checkbox"/> Other (Explain)*</p> <p>(b) If diving only for pleasure now, do you intend to do any other type of diving in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____</p>
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SECTION II - OTHER AVOCATIONS SUCH AS SKY DIVING, MOUNTAIN CLIMBING, HORSE RACING, RODEO, POLO, ETC. (Please complete Section III Also)

<p>1. What is your avocation?</p> <p>2. Have you had any special training? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (State where, type and for how long)</p> <p>3. Are you classified as a teacher or instructor in your avocation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are you considered a professional or do you ever receive cash prizes in any of these events? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. If Sky Diving:</p> <p>(a) Have you ever participated in unusual activities such as baton exchange or use of experimental equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Do you contemplate any such activity in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Do you use reserve chute? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Minimum height chute opened. _____</p>
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SECTION III - EXPERIENCE

SPORT	CURRENT PARTICIPATION	LAST YEAR	1-2 YRS. AGO	NEXT YEAR	FUTURE	DATE LAST PARTICIPATED	NAME OF PROFESSIONAL ORGANIZATION

*Remarks - Use for details both Section I and II

QUESTION NO.	

DATE	SIGNATURE OF AGENT	GA/SA CODE	SIGNATURE OF PROPOSED INSURED
			X

