

Application for Individual and Joint Life Insurance - Part 2A

1. Non-Medical Questionnaire

Proposed Insured First Name _____ MI _____ Last Name _____

Attestation of Truth: The responses that I will provide to the Questions below will be complete, accurate, and truthful to the best of my knowledge and belief. I acknowledge that any inaccurate or misleading statements could result in the denial of benefits or rescission of the policy.

I AGREE

1. In which country are you considered a legal citizen?

United States Other Country, please list and complete questions below:¹ _____

a. How long have you been in the United States? _____

b. Which of the following best describes your immigration status?

Hold a greencard or permanent residency card: # _____

Applying for a greencard or permanent residency card

Have a VISA, plan to permanently reside in the U.S., just need to start the application process Type of VISA held: _____

Visiting the U.S. with a VISA Type of VISA held: _____

Other, please explain: _____

c. Do you maintain a residence or business in your home country?

No

Yes, please explain: _____

2. When was the last time you used the following tobacco and nicotine delivery products?

Cigar

This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago

More than 3 years ago - Date last used: _____ Never used

Cigarette, e-cigarette, electronic cigarette

This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago

More than 3 years ago - Date last used: _____ Never used

Pipe

This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago

More than 3 years ago - Date last used: _____ Never used

Vapor product, vaping device, hookah, shisha, bong, juuling, water pipe, e-pipe, electronic pipe

This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago

More than 3 years ago - Date last used: _____ Never used

¹ If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

Chewing tobacco

- This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago
 More than 3 years ago - Date last used: _____ Never used

Betel nuts

- This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago
 More than 3 years ago - Date last used: _____ Never used

Snuff

- This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago
 More than 3 years ago - Date last used: _____ Never used

Nicotine patch, nicotine gum

- This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago
 More than 3 years ago - Date last used: _____ Never used

Other nicotine delivery product

- This week In the last 12 months - Specify amount: _____ 1-2 years ago 2-3 years ago
 More than 3 years ago - Date last used: _____ Never used

3. Over the last 10 years, please indicate which of the following best describes your experience with the use of alcohol, prescription drugs, and/or non-prescription drugs?

- Been advised by physician to reduce consumption, discontinue use, or to seek counseling
 Sought advice/counseling or been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous
 Received treatment/counseling
 NONE OF THESE

4. On average, how many days per week do you typically consume alcoholic beverages?

- Daily 4-5 days per week 2-3 days per week 1 day per week
 Periodically on a monthly basis, not every week Periodically on an annual basis, not every month
 I do not drink alcoholic beverages

5. On average, how many alcoholic beverages do you typically consume per sitting?

- 9 or more 7-8 4-6 1-3
 I do not drink alcoholic beverages

6. On average, how often do you typically use marijuana?

- Daily 16-24 times per month 9-15 times per month 1-8 times per month
 5-11 times per year 1-4 times per year I do not use marijuana

7. On average, how often do you typically use the following narcotics, excluding usage prescribed by a physician?

Cocaine

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
 Used more than 10 years ago Never used

Heroin

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
 Used more than 10 years ago Never used

Amphetamines (including Methamphetamine)

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
 Used more than 10 years ago Never used

Opium, Opiates, Opioids

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

Barbiturates

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

Morphine

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

LSD

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

PCP

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

Other Hallucinogenic, Narcotic Drug, Controlled Substance, or Habit Forming Drug

- Use on a regular basis Used once or more within the last 5 years Used once or more within the last 6 to 10 years
- Used more than 10 years ago Never used

8. Which of the following best describes your current driving habits?

- I currently drive
- I do not currently drive due to a personal choice
- I do not currently drive due to a medical condition or concern
- I do not currently drive due to a driver’s license suspension or revocation
- I do not currently drive and have never driven
- I do not currently drive because: _____

9. How do you get to work?

- I drive myself
- Someone else drives me
- Uber, Lyft, taxi, or other hired transportation
- Bus, train, or other public transportation
- I work out of my home or do not work outside of the home
- Other, please explain: _____

10. Over the last 5 years, please indicate which of the following moving/driving violations you’ve plead guilty to or been convicted of (Check ALL that apply).

- I have not had any moving/driving violations
- License suspended or revoked
- Speeding
- Careless or reckless driving
- Driving under the influence
- Other moving/driving violations, please specify: _____

11. Have you been charged with or convicted of any crimes?

No Yes, please provide details as follows:

Criminal charges pending: Felony Misdemeanor

Crime(s) involved _____

Date(s) of conviction, charge, or probation period: _____

County/State involved: _____

History of criminal conviction(s): Felony Misdemeanor

Crime(s) involved _____

Date(s) of conviction, charge, or probation period: _____

County/State involved: _____

Currently on probation, parole, or incarceration: Felony Misdemeanor

Crime(s) involved _____

Date(s) of conviction, charge, or probation period: _____

County/State involved: _____

Less than one year since released from probation: Felony Misdemeanor

Crime(s) involved _____

Date(s) of conviction, charge, or probation period: _____

County/State involved: _____

12. Within the last 5 years have you piloted or been a student pilot, or within the next 2 years do you plan to pilot any type of aircraft?

No

Yes, please provide details as follows:

a. Type of certificate held (Check ALL that apply):

Commercial pilot Airline transport

Private pilot Visual Flight Rules (VFR) Rating

Student pilot Instrument Flight Rules (IFR) Rating

Recreational Other, please specify: _____

b. Annual flying hours in the last 12 months: _____

c. Expected annual flying hours in the next 12 months: _____

d. Number of solo hours of experience: _____

e. Date last piloted: _____

f. Purpose(s) of flying (Check ALL that apply):

Private/pleasure Flight Instruction

Commercial Crop spraying

Military Aerial photography

Test pilot Stunt flying

Survey work Aerobatic

Other, please specify: _____

g. Type of aircraft(s) flown (Check ALL that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Single-Engine | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Balloons |
| <input type="checkbox"/> Business Jets | <input type="checkbox"/> Ultralights | <input type="checkbox"/> Commercial Aircraft |
| <input type="checkbox"/> Amphibians | <input type="checkbox"/> Gliders | <input type="checkbox"/> Military Aircraft |
| <input type="checkbox"/> Light Sport Aircraft | <input type="checkbox"/> Gyroplanes | <input type="checkbox"/> Antique/Military/High Performance |
| <input type="checkbox"/> Multi-Engine | <input type="checkbox"/> Kitbuilts or Homebuilts | <input type="checkbox"/> Airships (Blimps & Dirigibles) |
| <input type="checkbox"/> Turboprops | <input type="checkbox"/> Powered Parachutes | <input type="checkbox"/> Floatplanes or Seaplanes |
| <input type="checkbox"/> Other, please specify: _____ | | |

h. Which of the following have you experienced? (Check ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Aviation violation | <input type="checkbox"/> License suspension or revocation |
| <input type="checkbox"/> Been grounded | <input type="checkbox"/> Aviation accident |
| <input type="checkbox"/> None of the above | |

If not "None of the above", please provide details for each event:

Date of event _____ Were drugs or alcohol involved? Yes No

Details about event (location, violation, description, fault assigned): _____

Date of event _____ Were drugs or alcohol involved? Yes No

Details about event (location, violation, description, fault assigned): _____

Date of event _____ Were drugs or alcohol involved? Yes No

Details about event (location, violation, description, fault assigned): _____

i. Do you anticipate that your future participation will be different?

- No
- Yes, please explain: _____

13. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, automobile racing, aircraft racing, dirt bike racing, dune buggy racing, kart racing, motor boat racing, motorcycle racing, powered vehicle racing or snowmobile racing?

- No
- Yes, please provide details as follows:

a. What type of vehicle(s) is driven? (Check ALL that apply)

- | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Dirt bike | <input type="checkbox"/> Dune buggy |
| <input type="checkbox"/> Kart | <input type="checkbox"/> Motor boat | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Snowmobile |
| <input type="checkbox"/> Other, please specify: _____ | | | |

b. What type of racing do you participate in? (Check ALL that apply)

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Crash/demolition | <input type="checkbox"/> Championship/Indy car | <input type="checkbox"/> Derby | <input type="checkbox"/> Drag |
| <input type="checkbox"/> Dune/Sand | <input type="checkbox"/> Stock | <input type="checkbox"/> Sports car | <input type="checkbox"/> Solo events |
| <input type="checkbox"/> Kart: | <input type="checkbox"/> FKE | <input type="checkbox"/> Enduro and Sprint | |
| <input type="checkbox"/> Midget: | <input type="checkbox"/> Full | <input type="checkbox"/> Other, please specify: _____ | |
| <input type="checkbox"/> Modified: | <input type="checkbox"/> Modified, Super and Limited | <input type="checkbox"/> Other, please specify: _____ | |
| <input type="checkbox"/> Sprint: | <input type="checkbox"/> Modified, Super | <input type="checkbox"/> Compact | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

- c. What type of event(s) do you participate in? (Check ALL that apply)
- Sprint Cup Craftsman Truck Series Nationwide Series
 World of Outlaws NASCAR Baby Grand National
 Other, please specify: _____
- d. What type of course(s) do you race on? (Check ALL that apply)
- Paved track Dirt Drag strip Off road/desert Ice
 Other, please specify: _____
- e. Are you affiliated with any of the following racing organizations? (Check ALL that apply)
- ARCA (Automobile Racing Club of America) ASA (American Speed Association)
 IMSA (International Motor Sports Association) NASCAR (National Association of Stock Car Auto Racing)
 NHRA (National Hot Rod Association) SCCA (Sports Car Club of America)
 SVRA (Sportscar Vintage Association) I am not affiliated with any racing organizations
 Other, please specify: _____
- f. Have you attended a competition driver's school or hold a competition driver's license?
- No
 Yes, please provide details: _____
- g. What class/category/division have you participated in? (Check ALL that apply)
- Stock Street prepared Modified Street touring
 Other, please specify: _____
- h. Please provide the following details for each type of racing activity you have participated in.
- | | |
|-------------------------------|---|
| Vehicle Make/Model: _____ | Engine Displacement/Horsepower: _____ |
| Type of gas/fuel: _____ | Maximum speed (MPH): _____ |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____ | Engine Displacement/Horsepower: _____ |
| Type of gas/fuel: _____ | Maximum speed (MPH): _____ |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____ | Engine Displacement/Horsepower: _____ |
| Type of gas/fuel: _____ | Maximum speed (MPH): _____ |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____ | Engine Displacement/Horsepower: _____ |
| Type of gas/fuel: _____ | Maximum speed (MPH): _____ |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
- i. Number of races in the last 12 months: _____
- j. Number of races anticipated in the next 12 months: _____
- k. Years of racing experience: _____
- l. Date of last race: _____
- m. Do you anticipate that your future participation will be different?
- No
 Yes, please provide details: _____

14. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, skin or SCUBA diving?

No

Yes, please provide details as follows:

a. Highest level of certification:

Basic Rescue diver Open water Dive guide Advanced open water

Dive instructor Master diver Other, please specify: _____

b. Organization that provided your last certification:

PADI - Professional Association of Diving Instructors

NAUI – National Association of Underwater Instructors

BSAC – British Sub Aqua Club

CMAS – Confederation of Mondiale des Activites Subaquatiques/The World Underwater Federation

SSI – Scuba Schools International

Other, please specify: _____

c. What is the purpose of your diving? (Check ALL that apply):

Recreation Commercial Instruction Photography

Hunting Wreck/salvage/retrieval Other, please specify: _____

d. Which of the following specialty/technical diving do you do? (Check ALL that apply):

Cave Wreck Ice Deep

Nitrox Free diving Depth record attempts

Other, please specify: _____

I do not participate in specialty/technical diving.

e. Do you dive with someone or alone?

With someone Alone Both

f. In which of the following do you dive? (Check ALL that apply)

Coastal waters Lakes

Other, please specify: _____

g. Average depth of your dives:

Less than or equal to 75 ft. 76-100 ft. 101-130 ft. 131-150 ft. Greater than 150 ft.

h. When was your last dive? _____

i. When do you anticipate diving again? _____

j. Number of dives made in the last 12 months: _____

k. Number of dives anticipated in the next 12 months: _____

l. Number of dives made in your lifetime: _____

m. Which of the following have you experienced? (Check ALL that apply)

Decompression Illness Arterial Gas Embolism (AGE)/air embolism Decompression Sickness (CDs)

Bends Diving Accident None of these

For each experience specified above, please provide:

Date: _____ Treatment: _____

Doctor/Facility Name: _____ Phone Number: _____

City/State: _____

Date: _____ Treatment: _____
Doctor/Facility Name: _____ Phone Number: _____
City/State: _____

Date: _____ Treatment: _____
Doctor/Facility Name: _____ Phone Number: _____
City/State: _____

n. Do you anticipate that your future participation will be different?

- No
 Yes, please explain: _____

15. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, sky diving or sky surfing?

- No
 Yes, please provide details as follows:
a. What is the nature of your participation?
 Amateur Student Professional Jump Master Military
 Other, please specify: _____

If Military, please provide:

- Date of Last Jump: _____ Current Jump Status: _____
 Static Line or Halo: Static Line Halo Both
 Branch of Military: _____ Unit Assigned: _____

b. Are you affiliated with a club?

- No
 Yes, please list the club(s): _____

c. Number of jumps you have made in the last 12 months: _____

d. Number of jumps you plan to make in the next 12 months: _____

e. Date of your last jump: _____

f. Do you anticipate that your future participation will be different?

- No
 Yes, please explain: _____

16. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, mountain climbing or rock climbing (excluding indoor rock climbing)?

- No Yes, please provide details as follows:
a. Type of climbing (Check ALL that apply):
 Trail Hiking Rock Free-Climbing
 Snow & Ice Technical/Secured Climbing Mountain Bouldering
 Other, please specify: _____

b. What is your climbing skill level?

- Amateur Competitive Amateur Professional

c. Have you received formal training by an instructor?

- No Yes

d. What is the average altitude that you have climbed? _____

e. Where have you climbed or do you plan to climb (Please provide specific areas or Mountains)? _____

f. Please provide the following details for the type of climbing indicated above:

Type of climbing:

Trail:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

Hiking:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

Rock:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

Snow & Ice:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

Mountain:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

Other:

of climbs made in your lifetime _____ Highest altitude you have climbed _____
Highest altitude you intend to climb _____ Date of last climb _____
Date you anticipate climbing again _____ # of climbs made in the last 12 months _____
of climbs anticipated in the next 12 months _____

17. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, BASE jumping, street lugging, zorbing, canyoneering, white water rafting, ultimate fighting, cage fighting, hang gliding, parasailing, rodeos, or bungee jumping?

No Yes, please provide details as follows:

Sport:

BASE Jumping:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Street Lugging:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Zorbing:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Canyoneering:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

White Water Rafting:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Ultimate Fighting:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Cage Fighting:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Hang Gliding:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Parasailing:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Rodeos:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

Bungee Jumping:

of times participated in last 12 months _____ # of times plan to participate in the next 12 months _____
Date of last participation _____

18. Which of the following best describes your exercise routine of the last 12 months?

Check ALL applicable activity(ies) and specify activity details.

I do not follow a regular exercise routine

Activity:

Yoga, Pilates, or Other Flexibility with Strength Exercise:

Frequency: 1-2 days per week 3-4 days per week 5 or more days per week

Average duration per session: Less than 20 minutes 20-30 minutes 30-45 minutes 45 minutes or more

Specify activity: _____

Low Intensity Cardio/Aerobic Activity/Walking (less than 60% of maximum heart rate):

Frequency: 1-2 days per week 3-4 days per week 5 or more days per week

Average duration per session: Less than 20 minutes 20-30 minutes 30-45 minutes 45 minutes or more

Specify activity: _____

Medium Intensity Cardio/Aerobic Activity/Jogging (60-80% of maximum heart rate):

Frequency: 1-2 days per week 3-4 days per week 5 or more days per week

Average duration per session: Less than 20 minutes 20-30 minutes 30-45 minutes 45 minutes or more

Specify activity: _____

High Intensity Cardio/Aerobic Activity/Running (greater than 80% of maximum heart rate):

Frequency: 1-2 days per week 3-4 days per week 5 or more days per week

Average duration per session: Less than 20 minutes 20-30 minutes 30-45 minutes 45 minutes or more

Specify activity: _____

Weight Lifting or Weight Training Exercise:

Frequency: 1-2 days per week 3-4 days per week 5 or more days per week

Average duration per session: Less than 20 minutes 20-30 minutes 30-45 minutes 45 minutes or more

Specify activity: _____