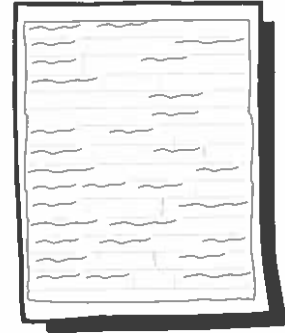


Buying Insurance

BUYING LIFE INSURANCE

Life insurance is money that is given to a beneficiary when an insured person dies. Some of the money may have to cover funeral expenses and future bills that living family members may be required to pay. Complete the life insurance form below using your personal information.



APPLICATION TO ECONOMY LIFE INSURANCE COMPANY

EVIDENCE OF INSURABILITY Complete this page to apply for life insurance and/or waiver of premium benefits.

1. Applicant Information			Family History	
Name _____			Relationship	List chronic illnesses or diseases and, if deceased, date and cause of the death
DOB _____	Height _____	Weight _____	Father	_____
Street Address _____			Mother	_____
City/State/Zip _____			Brother(s)	_____
Phone Number _____			Sister(s)	_____

<p>2. Has proposed insured smoked or used any tobacco product in the last 12 months? Yes No</p> <p>3. Is proposed insured now receiving medical treatment or taking medication of any kind? Yes No</p> <p>4. Has proposed insured, in the past 10 years, been treated for or had any known indications of high blood pressure, or any disorder of the heart & blood vessels, or cancer or tumor of any kind? Yes No</p> <p>5. Has proposed insured in the past 5 years received advice, treatment, or been arrested for the use of alcohol, or the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug? Yes No</p>	<p>6. Has proposed insured ever tested positive for HIV or been treated for, or diagnosed by a physician for any AIDS-related illness? Yes No</p> <p>7. Has proposed insured ever been treated for any type of sexually transmitted disease? Yes No</p> <p>8. In the past 5 years, has proposed insured consulted any doctors or been a patient of a hospital for any reason other than those listed in questions 4 through 7? If yes, please explain: _____</p>
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AVOCATION QUESTIONNAIRE

A. UNDERWATER SPORTS

Type: Scuba Snorkel Purpose: Recreation Rescue Salvage
 Locations: Oceans Lakes Rivers Pools Quarries Caves Other

B. SKY SPORTS

Please identify which (if any) of the activities you participate in:

Sky Diving Biplaning Ultralights Ballooning Parasailing Hang Gliding Other

If sky diving:

Delayed chute deployment? Yes No
 Are you a member of a club? Yes No

If ballooning:

Gas ballooning? Yes No
 Hot air ballooning? Yes No

C. MOTOR SPORTS

Type: Auto Racing Motorcycle Racing Snowmobile Speedboat Jetski Other (Specify) _____
 Vehicle or boat: Make & Model _____ Horsepower _____ Max. speed attained _____ m.p.h.
 Frequency (number of races) Last 12 months _____ 1-2 years ago _____ Estimate for next 12 months _____

To the best of my knowledge the above statements and answers are complete and true.

Signed at _____ on _____
 City State Month Day Year
 Witness _____ Signed _____
 Agent Proposed Insured