



Principal Life Insurance Company
Principal National Life Insurance Company
 Members of Principal Financial Group®

P.O. Box 10431
 Des Moines, IA 50306-0431

Application Supplement

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

SPORT STATEMENT

Check type of sport and answer questions.

RACING – Check one type only on this form. If you have in the past or now engage in different types of racing, please fill out one form for each type.

<input type="checkbox"/> Automobile <input type="checkbox"/> Stock car <input type="checkbox"/> Championship <input type="checkbox"/> Drag <input type="checkbox"/> Sports car <input type="checkbox"/> Sprint <input type="checkbox"/> Go-Kart <input type="checkbox"/> Other _____ <input type="checkbox"/> Motorcycle <input type="checkbox"/> Hill climbing <input type="checkbox"/> Enduro <input type="checkbox"/> Drag <input type="checkbox"/> Flat track <input type="checkbox"/> Moto cross <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor boat <input type="checkbox"/> Snowmobile	1. Number of races in last 12 months _____ One to two years ago _____ Lifetime _____ Plan to in the next 12 months _____ 2. Date of last race _____ 3. Make and type of vehicle _____ formula and / or engine displacement _____ 4. Top speed _____ Average speed _____ Usual distance of race _____ 5. Do you compete for cash prizes? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Cities / towns where you race _____ 7. Describe track layout and surface _____ 8. Vehicle class _____ 9. Organization(s) which sanctions your races _____ 10. Do you plan to do any other type of racing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give details _____ _____
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<input type="checkbox"/> Scuba <input type="checkbox"/> Skin diving	1. Number of dives in last 12 months _____ One to two years ago _____ Lifetime _____ Plan to in next 12 months _____ 2. Date of last dive _____ 3. How deep usually _____ Deepest dive _____ In last year how many times below 30 feet ___ 50 feet ___ 75 feet ___ 100 feet ___ 4. Location(s) <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Other _____ 5. National organization(s) you are certified with _____ 6. Describe equipment used _____ 7. Do you, or do you plan to dive for pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give details _____
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<input type="checkbox"/> Sky diving	1. Number of jumps in last 12 months _____ One to two years ago _____ Lifetime _____ Plan to in next 12 months _____ 2. Date of last jump _____ 3. Minimum height chute has opened _____ 4. Reserve chute used? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 5. National sky diving member? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 6. Do you, or do you plan to dive for pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give details. _____
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<input type="checkbox"/> Hang kite gliding <input type="checkbox"/> Mountain climbing <input type="checkbox"/> Rodeo <input type="checkbox"/> Other	These sports require a special form from underwriting.
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I represent that all statements on this form are true and complete to the best of my knowledge and belief. They are a part of my insurance application.

 Signature of Proposed Insured Date Signature of Licensed Agent/Broker/Representative



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AVIATION STATEMENT

1. List hours flown as pilot or crew member by type of flying				5. Do you have an Instrument Flight Rating (IFR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of flying	1 to 2 yrs. ago	Last 12 months	Estimate next 12 months		
Student					
Private					
Scheduled passenger airline					
Full-time company					
Non-scheduled or charter					
Crop dusting or aerial spraying					
Student instruction					
Military					
Other (describe in #7)					
2. Total number of hours flown as pilot _____				6. Types of aircraft A. Civilian <input type="checkbox"/> Prop or jet <input type="checkbox"/> Glider <input type="checkbox"/> Helicopter <input type="checkbox"/> Experimental <input type="checkbox"/> Hot air balloon <input type="checkbox"/> Other _____ B. Military <input type="checkbox"/> Fighter <input type="checkbox"/> Helicopter <input type="checkbox"/> Bomber <input type="checkbox"/> Reconnaissance <input type="checkbox"/> Transport or cargo <input type="checkbox"/> Experimental <input type="checkbox"/> Other _____	
3. Date of last flight as pilot _____					
4. Type of licenses <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Other _____					
7. Describe any unusual aviation activity _____ _____ _____				8. If not standard I request <input type="checkbox"/> an extra premium, or <input type="checkbox"/> an aviation exclusion (if available)	

MILITARY STATEMENT

1. Branch <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Army-list arm (Inf., Engr., etc.) _____	5. Does your job include a. Demolition duties? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Submarine duty? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Special forces? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Carrier duty? <input type="checkbox"/> Yes <input type="checkbox"/> No e. MAC or FLOG? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Other duties? (describe) _____
2. Pay grade _____	6. Is overseas duty in next 12 months? a. Likely? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Certain? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give date _____ and place _____
3. Job title _____	
4. Type of duty <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby Reserve <input type="checkbox"/> ROTC – list commission date _____	7. Date present tour ends _____
8. Do you plan to re-enlist? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I represent that all statements on this form are true and complete to the best of my knowledge and belief. They are a part of my insurance application.

 Signature of Proposed Insured Date Signature of Licensed Agent/Broker/Representative