

MOTOR SPORTS SUPPLEMENT

(Supplement to Individual Life Application)



PACIFIC LIFE INSURANCE COMPANY

P.O. Box 2869, Omaha, NE 68103

1. Proposed Insured

Please print all answers

a. Full Name

b. Date of Birth (Mo. Day Yr.)

2. General Racing Information

a. Is racing your full-time occupation? Yes No

b. What kind of racing do you participate in? Automobile Motorcycle Power Boat Other (Specify):

c. Do you hold a competition driver's license from any organization? If "Yes," list all organizations. Yes No

d. Have you ever attended any kind of driver's school? If "Yes," give name(s) Yes No

e. How long have you participated in racing?

f. Over what kind of track(s) or course(s) do you race? (e.g. dirt oval, simulated road, off road, body of water, terrain)

g. Date of your last race. Where?

h. How far do you travel to race?

i. Have you ever competed, or do you intend to compete within the next two years outside the U.S.? If "Yes," give location. Yes No

j. Do you intend, within the next two years, to enter a new class of competition? If "Yes," explain. Yes No

k. Do you compete on a traveling circuit? If "Yes," give name(s) of circuit(s)..... Yes No

3. Specific Racing Information (If "None," state NONE.)

Sanctioning Body/Kinds of Races

(NASCAR-Late Model Stock, IHRA-Funny Car, IMSA GT-T-Street Stock)

Last 12 Months

12-24 Months Ago

Contemplated Next 12 Months

No. of Races

Miles Per Race

Max. Speeds Attained

No. of Races

Miles

No. of Races

Miles

Max. Speeds Expected

| Sanctioning Body/Kinds of Races (NASCAR-Late Model Stock, IHRA-Funny Car, IMSA GT-T-Street Stock) | Last 12 Months | | | 12-24 Months Ago | | Contemplated Next 12 Months | | |
|--|----------------|----------------|----------------------|------------------|-------|-----------------------------|-------|----------------------|
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Make(s) and Model(s)

Displacement

Class

a. Do you own a competition vehicle? Yes No

b. Do you have access to any other competition vehicle? Yes No

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I further agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery; and (2) **except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to the Owner and the first premium is paid.**

Signature of Proposed Insured

Date