

# SCUBA DIVING QUESTIONNAIRE

Agent:	Phone:	Fax:
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Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Yes  No If no, did you ever smoke?  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

	For Pleasure	Commercially
1. How long have you been diving?		
2. How many months of the year so engaged?		
3. Are you a member of any organized club?		
4. What type of equipment is used?		
5. What locations are visited for diving activities?		

6. PARTICULARS OF DIVING?	DURING PAST 12 MONTHS		EXPECTED NEXT 12 MONTHS	
	Number of Dives	Average Time Under Water per Dive	Number of Dives	Average Time Under Water per Dive
	Depths of Dives			
a. Less than 50 feet				
b. 50 feet to 75 feet				
c. 76 feet to 100 feet				
d. 101 feet to 150 feet				
e. Over 150 feet				

7. Additional remarks clarifying answers to above questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire will be a part of my application for insurance.

Signature of Proposed Insured \_\_\_\_\_

Date at \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_  
City/StateDate