

SCUBA DIVING QUESTIONNAIRE

Name	Date of Birth (dd/mmm/yy)	Application #
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1. Type of certification:
 PADI NAUI YMCA No certification Other _____

Date of first certification (dd/mmm/yy) _____ Date of last certification (dd/mmm/yy) _____

Specify certification level (Basic, open water, master etc.) _____

2. Where do you dive? Oceans Lakes Rivers Quarries Other _____

In which countries or coastal waters do you dive? _____

DIVE FOR... for pleasure I dive commercially I dive alone I dive with a buddy

DIVE FOR... Recreation Photography Wreck Exploration Science/Research Search & Recovery Ice/Cave Diving
 Night Diving Salvage Work Instruction/Teaching Other _____

3. Do you use mixed gases including Heliox, Nitrox or Trimix? yes no If yes, at what depths?

Less than 100 ft - number of dives _____

100 - 125 ft - number of dives _____

greater than 125 ft - number of dives _____

4.	Anticipated dives in next 12 months		Average depth of dives	
	Date of last dive (dd/mmm/yy)		Maximum depth of dives	
	Number of dives in past 12 months		Number of dives less than 100 ft	
	Total number of dives		Number of dives 100 - 125 ft	
	Average duration of dives		Number of dives greater than 125 ft	
	Maximum duration of dives			

5. Who owns the equipment? _____ Who maintains the equipment? _____

Have you ever had an accident, injury or mishap related to diving? yes no If yes, please explain. _____

Do you participate in any competitions, exhibitions or record attempts? yes no If yes, please explain. _____

Do you intend to change the nature of your diving activities in the next 24 months? yes no If yes, please explain. _____

6. Check type of policy desired:

Full coverage subject to extra premium if required Exclusion, no extra premium required

I hereby declare the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant X	Signature of Witness X	Date (dd/mmm/yy)
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