

Scuba Diving Questionnaire

First Name : _____ Last Name : _____
 Policy Number : _____ Date of Birth : _____

1. Who were you certified by? PADI NAUI YMCA
 Other (name) : _____

2. Level of certification and date of last certification : _____
 Basic Open Water Advanced Open Water
 Instructor Dive Master Assistant Instructor
 Other (specify): _____

3. Specialty Certification and date of last certification : _____
 Rescue Diver Medic First Aid Search & Recovery
 Night Diver Deep Diver Wreck Diver
 Cave Diver Other (specify): _____

4. Number of dives in last twelve (12) months : _____ Average depths : _____
 Locations : _____

5. Expected number of dives in the next 12 months : _____ Average depths : _____
 Locations : _____

6. Equipment used : Mask Snorkel
 Regulator Octopus Weight Belt
 Knife Air Pressure Gauge Fins
 Wet Suit Depth Gauge Compass
 Dry Suit Buoyancy Compensator Other (specify): _____
 Gloves Water Temperature Gauge

7. Usual dive sites : Ocean Lake River Gravel Quarry
 Other (specify) : _____

8. Purpose for diving : Recreation Photography Scientific Hunting
 Other (specify) : _____

9. Average depths : _____ Maximum depths : _____

10. Decompression dives : _____ Yes No
 If yes, maximum depths: _____ Maximum bottom times: _____

11. Date of last dive : _____ Total dives to date : _____

12. Do you dive alone? Yes No
 If yes, please explain: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

 Signature of the person to be insured (parent or legal guardian if a minor) Date