

# SCUBA Diving Questionnaire

1. Type of diving (e.g., recreational, commercial, etc): \_\_\_\_\_
2. Depth of dives: \_\_\_\_\_
3. Equipment used: \_\_\_\_\_
- \_\_\_\_\_

4. Certifications: \_\_\_\_\_

5. Frequency of dives: \_\_\_\_\_

6. Participation in any of the following:

- |                             |              |    |                 |
|-----------------------------|--------------|----|-----------------|
| ___ Search/Rescue           | Solo Diving: | No | Yes; Frequency: |
| ___ Wreck                   |              |    |                 |
| ___ Cave                    |              |    |                 |
| ___ Ice                     |              |    |                 |
| ___ Other technical diving: |              |    | _____           |

7. Locations:

- \_\_\_ Lake
- \_\_\_ Open Ocean
- \_\_\_ Beach
- \_\_\_ Other: \_\_\_\_\_

8. Date of last dive: \_\_\_\_\_

9. I always dive with an instructor or dive master    Yes                  No

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male    Female   Date of birth: \_\_\_\_\_   Height: \_\_\_\_\_' \_\_\_\_\_"   Weight: \_\_\_\_\_

**Tobacco Use:**    Never used    Totally stopped   Date stopped: \_\_\_\_\_    Use now   Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**    Term    UL    Survivor    Disability   **Coverage Amount:** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_   **Occupation/Job duties:** \_\_\_\_\_   **State of Residence:** \_\_\_\_\_

**Anticipated Premium:** \_\_\_\_\_

### FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

***If yes, use separate sheet to provide this information, including age of onset and date of death***

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?