

## 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