

# 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  
 Wreck  
 Cave  
 Ice  
 Other technical diving: \_\_\_\_\_
7. Locations:  
 Lake  
 Open Ocean  
 Beach  
 Other: \_\_\_\_\_
8. Date of last dive: \_\_\_\_\_

**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?