

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: _____
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?