



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Under Water Diving Questionnaire*

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )

Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

1. Type of diving: (a)  scuba  other \_\_\_\_\_  
(b)  pleasure  financial benefit (commercial) – state kind of work or purpose

2. Type of equipment used: \_\_\_\_\_

3. Training or instruction: \_\_\_\_\_

4. Certification held: \_\_\_\_\_

5. If member of organized club, give name: \_\_\_\_\_

6. Where do you dive? \_\_\_\_\_

7. How long have you been diving? \_\_\_\_\_

8. Number of dives:

	Year Before Last	Year Before Last	Estimate Next Year	Total No. of Dives	Date of Last Dive	Average Time Under Water
(a) less than 60 feet						
(b) 60 to 100 feet						
(c) 100 to 150 feet						
(d) over 150 feet						

9. Deepest dive

Depth	Date of Dive	Number of times to this depth	Longest time Underwater

10. Do you ever dive alone?  Yes  No

11. Any plans to go deeper or dive in more hazardous areas?  Yes  No

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2. Have you ever been paid for work done that involved diving?  Yes  No

13. Describe any commercial diving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Details to any Yes answer above (give question no.) or additional information

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