



# Scuba Diving Questionnaire

Name

DOB

Gender

|   |  |
|---|--|
| Desired face amount and type of coverage:   |  |
| Height and Weight:  |  |
| How long has the applicant been diving?   |  |
| Number of months of the year that the applicant dives:  |  |
| Is the applicant a member of any organized club? Please list.   |  |
| What type of equipment is used on the dives?  |  |
| What are the locations of the dives?  |  |
| Type or purpose (check all that apply):   | Recreation    Salvage/Commercial    Cave    Other: |
| Does the applicant ever dive alone?   |  |
| Please list the number of dives and average time under water per dive expected in the PAST 12 months per the below chart: |  |
| 50 feet or less:  |  |
| 51 feet to 75 feet:   |  |
| 76 feet to 100 feet:  |  |
| 101 feet to 150 feet:   |  |
| Over 150 feet:  |  |
| Please list the number of dives and average time under water per dive expected in the NEXT 12 months per the below chart: |  |
| 50 feet or less:  |  |
| 51 feet to 75 feet:   |  |
| 76 feet to 100 feet:  |  |
| 101 feet to 150 feet:   |  |
| Over 150 feet:  |  |

**Please return the completed form to your financial professional.**

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.