



DIVING QUESTIONNAIRE

Proposed Insured:	Date of Birth: (dd/mm/yyyy)	Application/Policy #:
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1. What are the locations of your diving activities? Inland waters Ocean Other
 If "Other" provide details:

2. Have you ever participated in any of the following? Yes No If "Yes" provide:

Types of diving	Frequency	Location (Country)	Type (Deep sea, Coastal Water, Lake)	Date of last dive
<input type="checkbox"/> Night diving				
<input type="checkbox"/> Salvage diving				
<input type="checkbox"/> Wreck diving				
<input type="checkbox"/> Search and Rescue				
<input type="checkbox"/> Cave diving				
<input type="checkbox"/> Ice diving				
<input type="checkbox"/> Other: provide details				

3. Are you certified? Yes No If "Yes" provide date(s) and level of certification(s):

4. Are you a member of an organized club? Yes No

5. Do you ever dive alone? Yes No



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6. Do you ever do decompression dives? Yes No If "Yes" provide:

Maximum depth	Maximum bottom times	What types of equipment do you use?
<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="text"/>	minutes <input type="text"/>	

Depth of dive(s)	Past 12 to 24 months		Expected in the next 12 months	
	Number of dives	Type of dive	Number of dives	Type of dive
0 – 75 feet (0 – 23 m)				
76 – 100 (23.5 – 30.5 m)				
101 – 150 (31 – 46 m)				
151 – 200 (46.5 – 61 m)				
201 and over (61.5 m and over)				

If coverage is not available at the regular premium rate, indicate the coverage which you may be willing to accept:

- Coverage subject to a rating/extra premium
 Coverage subject to an exclusion

I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with Equitable®.

Date

Proposed Insured

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