



DIVING QUESTIONNAIRE

Proposed Insured:	Date of Birth:	Application/Policy #:
-------------------	----------------	-----------------------

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

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 style="width: 50px;" type="text"/>	minutes <input style="width: 50px;" type="text"/>	

Depth of dive(s) (in feet)	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				
76 – 100				
101 – 150				
151 – 200				
201 and over				



DIVING QUESTIONNAIRE

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

Witness

Proposed Insured

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 668 4095.