

SCUBA DIVING QUESTIONNAIRE

Application Number _____

Proposed Life Insured _____	Date of Birth dd/mm/yyyy
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What are the locations of your diving activities? Inland waters Ocean Other
If "Other" provide details:

Have you ever participated in any of the following? YES NO If "YES" provide:

Types of diving	Frequency	Locations	Date of last dive
<input type="checkbox"/> Night diving			dd/mm/yyyy
<input type="checkbox"/> Salvage diving			dd/mm/yyyy
<input type="checkbox"/> Wreck diving			dd/mm/yyyy
<input type="checkbox"/> Search and Rescue			dd/mm/yyyy
<input type="checkbox"/> Cave diving			dd/mm/yyyy
<input type="checkbox"/> Ice diving			dd/mm/yyyy
<input type="checkbox"/> Other: provide details			dd/mm/yyyy

Are you certified? YES NO If "YES" provide date(s) and level of certification(s):

Are you a member of an organized club? YES NO

Do you ever dive alone? YES NO

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: 40px;" type="text"/>	minutes <input style="width: 40px;" type="text"/>	

Depth of dive(s) (in feet)	Past 12 months		Expected in the next 12 months	
	Number of dives	Average time per dive	Number of dives	Average time per dive
0 – 75				
76 – 100				
101 – 150				
151 – 200				
201 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 true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

Date

Witness

Proposed Life Insured