



NAME			
FIRST NAME			
DATE OF BIRTH			APPLICATION OR POLICY NUMBER
D	M	Y	

SCUBA DIVING QUESTIONNAIRE

1. Who were you certified by? PADI NAUI YMCA FQAS OTHERS(SPECIFY) _____

2. Certification Level: BASIC OPEN WATER I OPEN WATER II ADVANCED OPEN WATER
 DIVE MASTER ASSISTANT INSTRUCTOR

Date of last certification: Day _____ Month _____ Year _____

What are your future certification plans? _____

3. A Your total diving experience: _____

In the last 12 months? Less than 20 dives: _____ 51 to 200 dives: _____
 21 to 50 dives: _____ 201 and more: _____

B Dive Site: Ocean _____ % Depth (in feet) Less than 60: _____ %
 Icy waters _____ % 60 to 90: _____ %
 Lakes and rivers _____ % 90 to 130: _____ %
 130 and more: _____ %

4. Do you do any specialty diving? Yes No

Caves Diver: _____ (penetration of more than 20 feet)
 Wreck Diver: _____ (without direct access to an exit)
 Ice Diver: _____
 Commercial Diver: _____
 Other(s): _____

Provide Details: _____

5. Equipment Used? WEIGHT BELT WATER TEMPERATURE GAUGE
 COMPASS MASK
 BUOYANCY COMPENSATOR DEPT GAUGE
 KNIFE PRESSURE GAUGE
 REGULATOR + SECONDARY AIR SOURCE (OCTOPUS) FINS
 DRY SUIT TUBA
 GLOVES WET SUIT

6. Do you always dive with other certified divers? Yes No

7. What other sport(s) do you practice? _____

8. Types of Dives: Recreational Photography Scientific Hunting

9. Are you taking any medication? Yes No

If yes, provide the complete details: _____

If your application is not approved standard, do you wish: a rating
 an exclusion

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with **UL Mutual**.

X _____ X _____
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ X _____
 WITNESS DATE