

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?**

<input type="checkbox"/> WEIGHT BELT	<input type="checkbox"/> WATER TEMPERATURE GAUGE
<input type="checkbox"/> COMPASS	<input type="checkbox"/> MASK
<input type="checkbox"/> BUOYANCY COMPENSATOR	<input type="checkbox"/> DEPT GAUGE
<input type="checkbox"/> KNIFE	<input type="checkbox"/> PRESSURE GAUGE
<input type="checkbox"/> REGULATOR + SECONDARY AIR SOURCE (OCTOPUS)	<input type="checkbox"/> FINS
<input type="checkbox"/> DRY SUIT	<input type="checkbox"/> TUBA
<input type="checkbox"/> GLOVES	<input type="checkbox"/> 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