

Important: Fill out in block letters and answer each section as accurately as possible.

Application or contract number _____

First name of the insured _____ Last name _____

Date of birth

Y	Y	Y	Y	M	M	D	D
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Section A – Questionnaire

1. Which association is your certification from? PADI NAUI YMCA FQAS Other (name) _____
2. What level(s) of certification have you obtained? Basic course Dive Master Assistant Instructor Instructor
 Open Water I Open Water II Advanced Open Water
3. Do you plan to obtain any other certification(s)? Yes No **If yes**, write the names of these certifications:

4. What is the date of your most recent certificate?

Y	Y	Y	Y	M	M	D	D
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5. What is your total experience? _____
6. How many dives have you done in the past 12 months? 20 21 to 50 51 to 200 201 or more
7. Do you plan to continue scuba diving? Yes No
8. Where did you perform your dives? Ocean Icy waters Lakes and rivers
9. How deep have you dived? Less than 60' 60' to 100' 101' to 130' 131' or more
10. Do you do any specialty diving? Yes No **If yes**, specify which type:
 Cave Diving (penetration of more than 20') Wreck Diving (without direct access to an exit) Ice Diving Commercial Diving
 Other, please provide details: _____
11. What type of equipment do you use?
 Weight belt Compass Knife Buoyancy compensator Regulator + secondary air source (octopus)
 Gloves Drysuit Mask Water temperature gauge Pressure gauge
 Fins Snorkel Wetsuit Depth gauge
12. Do you always dive with other certified divers? Yes No
13. What other sports do you engage in? _____
14. What kind of dives do you do? Recreational Photography Scientific Hunting

If your application is not accepted on a standard basis, would you want: A rating An exclusion

Section B – Signatures

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 UV Insurance.

Signed in _____

Y	Y	Y	Y	M	M	D	D
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X _____ **X** _____
 Signature of person to be insured Signature of parent or guardian (required if insured is a minor)