

## SCUBA DIVING QUESTIONNAIRE (to be completed by proposed insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. Purpose of diving:     Pleasure                       Commercial
2. Do you engage in:     Ice Diving                       Night Diving                       Search Work                       Salvage
3. What are the locations of your diving activities?     Lakes and Rivers                       Ocean Beaches                       Boat Dives
- Other (Specify): \_\_\_\_\_

4. Do you dive alone?     Yes                       No                      If yes, how often?  
 \_\_\_\_\_

5. Are you a certified diver?     Yes                       No

Are you a member of an organized club?     Yes                       No                      If yes, please give details:  
 \_\_\_\_\_

6. What is the average number of dives per year you have undertaken in the last 5 years? \_\_\_\_\_

7. What was the date of your last dive? (dd/mm/yyyy) \_\_\_\_\_

8. How many dives do you plan to make each year? \_\_\_\_\_

9. Diving History

Depth in Feet	Last 12 Months		Next 12 Months	
	No. of Dives	Average Time	No. of Dives	Average Time
Less than 50				
50 -75				
75-100				
100 and over				

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Proposed Insured