

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
 Other (please specify) _____
3. What are the locations of your diving activities? Lakes and Rivers Ocean Beaches Boat Dives
 Other (please specify): _____
4. Do you dive alone? Yes No If yes, how often? _____
5. Are you a certified diver? Yes No Year certified _____
 Basic Open Water Advanced Open Water Dive Master Specialty Courses (name) _____
 Other (please specify) _____
6. Are you a member of an organized club? Yes No If yes, please give details:

7. What is the average number of dives per year you have undertaken in the last 5 years? _____
8. What was the date of your last dive? (dd/mmm/yyyy) _____
9. How many dives do you plan to make each year? _____

10. 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				
76 - 100				
101 and over				

11. Additional comments:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X