



Scuba Diving Questionnaire

Agent Name: _____ Phone #: (____) _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. Provide the following details about the proposed insured's dives:

Depths of Dives	# of dives in past year	Average time per dive in past year	# of dives in next year	Average time per dive in next year
0-75 feet				
76-125 feet				
126-150 feet				
Over 150 feet				

2. Is the proposed insured a certified diver? Yes No

If yes, how many hours of instruction? _____

Date of certification: _____

Organization certifying: _____

If no, why? _____

3. Is the proposed insured a member of an organized club? Yes No

If yes, provide details: _____

4. What type of equipment do you use?

Scuba (# of tanks _____)

Open or closed circuit

Wet

Other: _____

5. Where does the proposed insured dive? (Check all that apply.)

Lakes and rivers

Ocean beaches

Deep sea

Bays and inlets

Other: _____

6. Does the proposed insured dive for salvage or exploration? Yes No

If yes, provide details: _____

7. Has the proposed insured ever had an accident while scuba diving? Yes No

If yes, provide details: _____

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