



Application #

Agent #

**Diving/ Jumping Questionnaire**

Proposed Life Insured (Last name, First name, Middle name)

Date of Birth (mm/dd/yy)

| Questions  | YES | NO | Details to "YES" Answer                         |
|--|-----|----|---|
| 1. Do you belong to a duly registered diving club or association? If yes, name club or association                       |     |    | For Scuba divers, if yes please fill-up TABLE A |
| 2. Are you a certified scuba/ sky diver or bungee jumper? Please attach copy for review and give details.                |     |    |   |
| 3. For Scuba Diving, do you dive for salvage or exploration? If yes, describe nature of the events?                      |     |    |   |
| 4. Have you ever suffered any illness or injury as a result of diving or jumping? If yes, describe nature of the events? |     |    |   |
| 5. Have you ever had an accident while diving or jumping? If yes, describe nature of the events?                         |     |    |   |
| 6. Do you dive with partners? How many and how often?  |     |    |   |
| 7. How long have you been scuba/ sky diving or bungee jumping?   |     |    |   |
| 8. What is the average number of dives or jumps per annum?   |     |    |   |

\* Cross out other options (example: if you are a sky diver cross out scuba and bungee or jump)  
 Note: Dive refers to Sky or Scuba diving, while Jump refers to Bungee jumping

| Depth of Dives | P L E A S U R E |                      |                |                      | C O M M E R C I A L |                      |                |                      |
|----------------|-----------------|----------------------|----------------|----------------------|---------------------|----------------------|----------------|----------------------|
|                | Next 12 Months  |                      | Last 12 Months |                      | Next 12 Months      |                      | Last 12 Months |                      |
|                | # of Dives      | Ave. Time underwater | # of Dives     | Ave. Time underwater | # of Dives          | Ave. Time underwater | # of Dives     | Ave. Time underwater |
|                |                 |                      |                |                      |                     |                      |                |                      |
|                |                 |                      |                |                      |                     |                      |                |                      |
|                |                 |                      |                |                      |                     |                      |                |                      |
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|                |                 |                      |                |                      |                     |                      |                |                      |
|                |                 |                      |                |                      |                     |                      |                |                      |

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree they shall form a part of my application and become part of any contract of insurance issued in consequence of such application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Signature over Printed Name of **WITNESS**

\_\_\_\_\_  
 Signature over Printed Name of **PROPOSED LIFE INSURED**