



# Scuba Diving Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
Fax: 1-877-767-0477

Policy Number: \_\_\_\_\_

**PLEASE PRINT**

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: DD / MM / YYYY

**1** Indicate all type of diving activities you participate in by completing the appropriate blocks below:

Types of dives:  Recreational  Salvage  Professional  Commercial/Occupational

Are you currently certified by:  PADI  NAUI  ACUC  YMCA  NACD  NSSCDS

DIVING OR SUBMERGING (DEPTH OF DIVE)	LIFETIME		LAST 12 MONTHS		NEXT 12 MONTHS	
	NUMBER OF DIVES	AVERAGE TIME PER DIVE	NUMBER OF DIVES	AVERAGE TIME PER DIVE	NUMBER OF DIVES	AVERAGE TIME PER DIVE
To 60 feet or less						
To 100 feet						
To 150 feet						
To 200 feet						

**2** Level of certification: Date of last certification: DD / MM / YYYY

Basic  Open Water  Advanced Open Water  Master Diver  Dive Master  Assistant Instructor  Instructor

Other (explain): \_\_\_\_\_

**3** Specialty certification: Date of last certification: DD / MM / YYYY

Rescue  Medic First Aid  Search and Rescue  Night Diver  Deep Diver  Wreck Diver  Cave Diver

Other (explain): \_\_\_\_\_

**4** Equipment used:  Mask  Snorkel  Fins  Regulator  Octopus  Depth Gauge  Knife  Gloves  Wet Suit

Dry Suit  Weight Belt  Compass  Buoyancy Compensator  Water Temperature Gauge  Air Pressure Gauge

Other (explain): \_\_\_\_\_

**5** Usual dive sites:  Ocean  Lake  River  Gravel Quarry Other (explain): \_\_\_\_\_

**6** Purpose for diving:  Recreation  Photography  Scientific  Hunting Other (explain): \_\_\_\_\_

**7** Decompression dives:  Yes  No If "Yes," maximum depths: \_\_\_\_\_ maximum bottom times: \_\_\_\_\_

**8** Date of last dive: DD / MM / YYYY Total dives to date: \_\_\_\_\_

Average depths: \_\_\_\_\_ Deepest and how often: \_\_\_\_\_

**9** Do you dive alone?:  Yes  No If "Yes," please explain \_\_\_\_\_

**10** Other Comments: \_\_\_\_\_

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

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

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness