BMO Insurance

BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

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) dd/mmm/yyyy
9. How many dives do you plan to make each year? _____
10. Diving History

	Last 12 Months		Next 12 Months	
Depth in Feet	No. of Dives	Average Time	No. of Dives	Average Time
Less than 50				
50 -75				
76-100				
101 and over				

11. Additional comments:
   _____
   _____
   _____

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 _____ day of _____ 20 _____

Witness

Proposed Insured

®Registered trade-mark of Bank of Montreal, used under licence.