

Scuba Diving Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Do you engage in recreation or commercial diving?

2. How often do you dive and what is the average depth of your dives?

3. What is the maximum dive depth?

4. How many dives at the maximum depth?

5. Where do you dive?

6. Additional comments:
