

UNDERWATER DIVING QUESTIONNAIRE



NAME _____ LIFE FILE NO. _____

Please Print

DEPTH OF DIVES IN FEET	PLEASURE				COMMERCIAL			
	Last 12 Months		Contemplated Next 12 Months		Last 12 Months		Contemplated Next 12 Months	
	Number of Dives	Average Time Underwater Each Dive	Number of Dives	Average Time Underwater Each Dive	Number of Dives	Average Time Underwater Each Dive	Number of Dives	Average Time Underwater Each Dive
LESS THAN 50								
50-75								
75-100								
100 AND OVER								

1. Are you a certified diver? Yes ☐ No ☐
 If "Yes," answer the following:
 Name of organization _____
 Hours of instruction _____
 Date of certification _____
 If "No," why? _____
2. What types of equipment do you use?
☐ Scuba
 Number of tank(s) _____
 Open or closed circuit _____
 Type of air supply _____
☐ Wet suit
☐ Others — Give details _____
- Is your equipment serviced regularly? ☐
 Do you use experimental equipment? ☐
3. Are you a member of an organized club? ☐
 If "Yes," give details _____
4. Do you dive for depth records? ☐
5. What is the **maximum** depth obtained? _____
6. Do you ever dive alone? ☐
7. What are the locations of diving activities?
☐ Lakes and rivers ☐ Deep sea
☐ Ocean beaches ☐ Bays and inlets
☐ Others — Give details _____
8. Do you dive for salvage or exploration? ☐
 If "Yes," give details _____
9. Remarks _____

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

Dated at _____ this _____ day of _____ , _____

Witness

Signature of Proposed Insured

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. BOX 2476 • OMAHA, NE 68103

ATTN: Life Brokerage Services