



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226  
Tel. No. 8812-9015 \* Fax No. 8812-9039

## SKIN DIVING QUESTIONNAIRE

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Have you engaged in or do you contemplate engaging in any form of skin diving?

- Yes (Give details below)
- No

DEPTHS OF DIVES	PLEASURE				COMMERCIAL			
	NEXT 12 MONTHS		PAST 12 MONTHS		NEXT 12 MONTHS		PAST 12 MONTHS	
	Number of Dives	Ave. Time Underwater per Dive	Number of Dives	Ave. Time Underwater per Dive	Number of Dives	Ave. Time Underwater per Dive	Number of Dives	Ave. Time Underwater per Dive
Less than 40 feet								
40 - 60 ft								
60 - 100 ft								
100 ft. Up (Give Depth)								
_____ ft.								
_____ ft.								
_____ ft.								

2. What is the maximum depth attained? \_\_\_\_\_ ft. When? \_\_\_\_\_  
How often? \_\_\_\_\_ For what purpose? \_\_\_\_\_

3. Are you a certified diver? • Yes \_\_\_\_\_ hours of instruction. Date of certification \_\_\_\_\_  
• No Why not? \_\_\_\_\_

4. Are you a member of an organized club? • Yes. Give details. \_\_\_\_\_  
• No

5. 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. \_\_\_\_\_

6. What are the location of diving activities?

- Lakes and rivers
- Deep sea
- Ocean beaches
- Bays and inlets
- Others. Details. \_\_\_\_\_

7. Do you dive for salvage or exploration? • Yes • No If Yes, give details \_\_\_\_\_

I represent, to the best of my knowledge and belief, that all the above statements and answers are complete and true.  
I agree that they will form a part of my application and become a part of any contract of insurance issued as a result of  
that application.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness / Agent

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