



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

UNDG-020-0701-3

Signature of Proposed Insured