



# Scuba Diving Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

1 Indicate all type of diving activities you participate in by completing the appropriate blocks below:

Types of dives: Recreational Salvage Professional Commercial/Occupational

Are you currently certified by: PADI NAUI ACUC YMCA NACD NSSCDS

| DIVING OR SUBMERGING<br>(DEPTH OF DIVE) | LIFETIME        |                       | LAST 12 MONTHS  |                       | NEXT 12 MONTHS  |                       |
|---|-----------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|
|   | NUMBER OF DIVES | AVERAGE TIME PER DIVE | NUMBER OF DIVES | AVERAGE TIME PER DIVE | NUMBER OF DIVES | AVERAGE TIME PER DIVE |
| To 60 feet or less                      |                 |                       |                 |                       |                 |                       |
| To 100 feet                             |                 |                       |                 |                       |                 |                       |
| To 150 feet                             |                 |                       |                 |                       |                 |                       |
| To 200 feet                             |                 |                       |                 |                       |                 |                       |

2 Level of certification: Date of last certification: (DD/MM/YYYY) \_\_\_\_\_  
Basic Open Water Advanced Open Water Master Diver Dive Master Assistant Instructor Instructor  
Other (explain): \_\_\_\_\_

3 Specialty certification: Date of last certification: (DD/MM/YYYY) \_\_\_\_\_  
Rescue Medic First Aid Search and Rescue Night Diver Deep Diver Wreck Diver Cave Diver  
Other (explain): \_\_\_\_\_

4 Equipment used: Mask Snorkel Fins Regulator Octopus Depth Gauge Knife Gloves Wet Suit  
Dry Suit Weight Belt Compass Buoyancy Compensator Water Temperature Gauge Air Pressure Gauge  
Other (explain): \_\_\_\_\_

5 Usual dive sites: Ocean Lake River Gravel Quarry Other (explain): \_\_\_\_\_

6 Purpose for diving: Recreation Photography Scientific Hunting Other (explain): \_\_\_\_\_

7 Decompression dives: Yes No If "Yes", maximum depths: \_\_\_\_\_ maximum bottom times: \_\_\_\_\_

8 Date of last dive: (DD/MM/YYYY) \_\_\_\_\_ Total dives to date: \_\_\_\_\_  
Average depths: \_\_\_\_\_ Deepest and how often: \_\_\_\_\_

9 Do you dive alone? Yes No If "Yes", please explain \_\_\_\_\_

10 Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

Signature of Insured

Signature of Witness

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