



## UNDERWATER AND SKY SPORTS QUESTIONNAIRE

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### SECTION I - DIVING

1. How long have you been diving?
2. How many months of the year so engaged?
3. Are you a member of an organized club?
4. What type of equipment id issued?
5. What are the locations of diving activities?
6. Do you ever dive alone?
7. Do you do any cave or salvage diving?

For Pleasure	Commercially

Diving for pleasure	During the Past 12 Months		Expected Next 12 Months	
	Number of Dives	Avg. Time Underwater Per Dive	Number of Dives	Avg. Time Underwater Per Dive
<b>Depth of Dives</b>				
(a) 0 - 75 feet				
(b) 76 feet to 100 feet				
(c) 101 feet to 150 feet				
(d) Over 150 feet				
(e) Maximum depth obtained				
(f) How many were alone				

Diving for financial benefit	During the Past 12 Months		Expected Next 12 Months	
	Number of Dives	Avg. Time Underwater Per Dive	Number of Dives	Avg. Time Underwater Per Dive
<b>Depth of Dives</b>				
(a) 0 - 75 feet				
(b) 76 feet to 100 feet				
(c) 101 feet to 150 feet				
(d) Over 150 feet				
(e) Maximum depth obtained				
(f) How many were alone				

### SECTION II - SKY SPORTS

Please identify which of these activities you participate in:

- Sky Diving  
  Parachuting  
  Ballooning  
  Other \_\_\_\_\_

NOTE: If you fly hang gliders or ultra lights, please complete an Aviation Questionnaire.

Sky Diving and Parachuting	Ballooning
Any Stunting or baton passing? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of a club? <input type="checkbox"/> Yes <input type="checkbox"/> No Amateur <input type="checkbox"/> Professional <input type="checkbox"/> How many times per month do you dive? _____	<input type="checkbox"/> Gas <input type="checkbox"/> Hot Air <input type="checkbox"/> Free Flight <input type="checkbox"/> Tethered Flight <input type="checkbox"/> Student <input type="checkbox"/> Instructor <input type="checkbox"/> Fly over land only <input type="checkbox"/> Fly over land and oceans Total number of hour experienced: _____ How many per month? _____ Licenses held: _____ Greatest distance covered in a single flight: _____

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_