BROOKFIELD PARTNERS

Scuba Diving Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. Provide the following details about the proposed insured's dives.

	# of dives in past year	Average time per dive (past year)	# of dives in next year	Average time per dive (next year)
0–75 feet				
76–125 feet				
126–150 feet				
Over 150 feet				

2. Is the proposed insured a certified diver? ☐ Yes ☐ No

If yes, how many hours of instruction?

Date of certification:

Organization certifying:

If no, why?

3. Is the proposed insured a member of an organized club? ☐ Yes ☐ No

If yes, provide details:

4. What type of equipment does the proposed insured use?

☐ Scuba # of tanks:

☐ Open or closed circuit ☐ Wet

☐ Other

5. Where does the proposed insured dive? (Check all that apply.)

☐ Lakes and rivers ☐ Ocean beaches ☐ Deep sea ☐ Bays and inlets

☐ Other

6. Does the proposed insured dive for salvage or exploration? ☐ Yes ☐ No

If yes, provide details:

7. Has the proposed insured ever had an accident while scuba diving? ☐ Yes ☐ No

If yes, provide details: