

# SCUBA AND SKIN DIVING QUESTIONNAIRE

Name of Proposed Insured:

Application Number:

1. Have you taken a Government Certified Course? Yes  No   
Have you earned your certification? Yes  No

What year?

2. Number of dives per year:

When was your last dive?

3. To what depths? (a) Average .....  
(b) Maximum ..... How often? .....

4. Duration of dives: (a) Average .....  
(b) Maximum ..... How often? .....

5. Where do you dive and at what time of year?

6. Purpose of dives, i.e. exploring, hunting, photography, work (state kind), other (explain),

7. What selection of equipment are you using?



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8. Do you presently belong to a diving club? Yes  No

9. Is your equipment serviced regularly? Yes  No  Frequency:

10. Do you ever dive alone? Yes  No

I hereby declare that the above information is true and complete and shall form part of my application to the SAGICOR LIFE INC.

Date

.....  
Witness

.....  
Signature of Proposed Insured



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