BROKERS ALLIANCE

AVOCATION QUESTIONNAIRE: SCUBA

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL

☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

How many years has the client been diving?

☐ Pleasure _____

☐ Professional _____

If professional, please provide details: _____

Does the client participate in:

Cave Diving ☐ No ☐ Yes

Wreck Diving ☐ No ☐ Yes

Salvage Diving ☐ No ☐ Yes

If yes, please provide details: _____

Does the client ever dive alone? ☐ No ☐ Yes

Date of last dive: _____

Certifications: _____

Is the client a member of any organized clubs? ☐ No ☐ Yes

If yes, please provide details: _____

Average Dive Depth: _____ How often does client dive? _____

Deepest Dive: _____ Frequency to this depth: _____

Dive Locations: _____

Number of Dives: Past 12 Months		
Depth	Number	Average Time per Dive
Less than 50 feet		
50 - 100 feet		
101 - 150 feet		
Greater than 150 feet		

Number of Dives: Contemplated Next 12 Months		
Depth	Number	Average Time per Dive
Less than 50 feet		
50 - 100 feet		
101 - 150 feet		
Greater than 150 feet		

Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____