

## AVOCATION QUESTIONNAIRE: SCUBA

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  WL  UL  VUL  IUL  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		Contemplated Next 12 Months	
Depth	Number	Average Time per Dive	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:  
 \_\_\_\_\_  
 \_\_\_\_\_