

# AVOCATION QUESTIONNAIRE: SCUBA

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

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

Tobacco Usage:

Coverage Information:

Never

Former

Current

Date Stopped: \_\_\_\_\_

Type: \_\_\_\_\_

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

Night 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:				

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

If yes, please provide details: