



Scuba

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

How many years has the client been diving _____ Pleasure diver Professional diver If professional, please explain (e.g. instructor, Coast Guard, etc.) _____

Does the client participate in Cave diving Wreck diving Salvage diving If any are selected, provide details _____

Type of equipment used _____

Did the client ever dive alone Yes No Date of last dive _____ Certifications _____

Is the client a member of any organized clubs Yes No If yes, provide name(s) _____

Average dive depths _____ Deepest dive _____ How often does the client dive this deep _____

Dive location(s) _____ How often does the client dive per year _____

Number of Dives During the Past 12 Months	
Less than 50 feet	Average time per dive:
50 - 100 feet	Average time per dive:
101-150 feet	Average time per dive:
Greater than 150 feet	Average time per dive:

Number of Dives Contemplated in Next 12 Months	
Less than 50 feet	Average time per dive:
50 - 100 feet	Average time per dive:
101-150 feet	Average time per dive:
Greater than 150 feet	Average time per dive: