

First and last names of insured: \_\_\_\_\_

Y

Y

Y

Y

M

M

D

D

Date of birth

Policy / Application number

1. What is your diving training? Specify the accreditations obtained and dates. \_\_\_\_\_

2. What is your total experience?

- ☐ 20 dives or less
- ☐ 21 to 50 dives
- ☐ 51 to 200 dives
- ☐ more than 200 dives

3. Number of dives completed in the last 12 months:

Depth	Number of dives	Depth	Number of dives
<input type="checkbox"/> 75 feet and less	_____	<input type="checkbox"/> 126 to 150 feet	_____
<input type="checkbox"/> 76 to 100 feet	_____	<input type="checkbox"/> more than 150 feet	_____
<input type="checkbox"/> 101 to 125 feet	_____		

4. Number of dives you plan to do in the next 12 months:

Depth	Number of dives	Depth	Number of dives
<input type="checkbox"/> 75 feet and less	_____	<input type="checkbox"/> 126 to 150 feet	_____
<input type="checkbox"/> 76 to 100 feet	_____	<input type="checkbox"/> more than 150 feet	_____
<input type="checkbox"/> 101 to 125 feet	_____		

5. Do you practice specialized dives? ☐ yes ☐ no

If yes, specify:

☐ cave (penetration over 20 feet)

☐ wreck (without direct access to the outside)

☐ commercial

☐ night

☐ under ice

☐ other, specify: \_\_\_\_\_

☐ use of gas mixtures such as Nitrox, Trimix, Heliox, etc.

6. Do you always dive with another certified diver? ☐ yes ☐ no

7. Do you foresee any changes in the conditions or type of practice of this sport? ☐ yes ☐ no

If yes, specify: \_\_\_\_\_

8. Additional information: \_\_\_\_\_

9. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

Y

Y

Y

Y

M

M

D

D

Date of signature

Protection of personal information

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