

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:

<input type="checkbox"/> cave (penetration over 20 feet)	<input type="checkbox"/> wreck (without direct access to the outside)
<input type="checkbox"/> commercial	<input type="checkbox"/> night
<input type="checkbox"/> under ice	<input type="checkbox"/> other, specify: _____
<input type="checkbox"/> 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