

# UNDERWATER AND SKY SPORTS QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## SECTION I – DIVING

1. How long have you been diving?
2. How many months of the year so engaged?
3. Are you a member of an organized club?
4. What type of equipment is used?
5. What are the locations of diving activities?
6. Do you ever dive alone?
7. Do you do any cave or salvage diving?

For Pleasure	Commercially

Diving For Pleasure Depth of Dives	During Past 12 Months		Expected Next 12 Months	
	Number of Dives	Average Time Under Water Per Dive	Number of Dives	Average Time Under Water Per Dive
(a) 0 – 75 feet				
(b) 76 feet to 100 feet				
(c) 101 feet to 150 feet				
(d) Over 150 feet				
(e) Maximum depth obtained				
(f) How many were alone				

Diving For Financial Benefit Depth of Dives	During Past 12 Months		Expected Next 12 Months	
	Number of Dives	Average Time Under Water Per Dive	Number of Dives	Average Time Under Water Per Dive
(a) 0 – 75 feet				
(b) 76 feet to 100 feet				
(c) 101 feet to 150 feet				
(d) Over 150 feet				
(e) Maximum depth obtained				
(f) How many were alone?				

## SECTION II – SKY SPORTS

Please identify which of these activities you participate in:

- Sky Diving   
  Parachuting   
  Ballooning   
  Other \_\_\_\_\_

NOTE: If you fly hang gliders or ultralights, please complete Aviation Questionnaire.

### SKY DIVING AND PARACHUTING

Any stunting or baton passing?     Yes     No

Are you a member of a club?     Yes     No

Amateur     Professional

How many times per month do you sky dive? \_\_\_\_\_

### BALLOONING

- Gas     Hot Air  
 Free Flight     Tethered Flight  
 Student     Instructor  
 Fly over land only     Fly over land and oceans

Total number of hours experience \_\_\_\_\_

How many times per month? \_\_\_\_\_

Licenses held \_\_\_\_\_

Greatest distance covered in a single flight \_\_\_\_\_

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Witness \_\_\_\_\_

Signature of Proposed Insured \_\_\_\_\_



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