

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please **PRINT** all answers.

- With what Diving Association are you certified?
 PADI NAUI YMCA Others: _____
- What is your level of certification?
 Basic Open Water Adv. Open Water Master Diver
 Dive Master Instructor Asst. Instructor Others: _____
 Date of last certification: ____/____/____
- What is your specialty certification?
 Rescue Diver Deep Diver Cave Diver Wreck Diver
 Others: _____
 Date of last certification: ____/____/____
- Which type of diving do you undertake?
 Snorkel Scuba Hookah
- What equipment do you use?
 Mask Snorkel Fins Regulator/octopus
 Air Pressure Gauge Depth Gauge Compass Weight Belt
 Wet Suit Dry Suit Water Temperature Gauge
 Knife Gloves Buoyancy Compensator
 Others: _____
- What is your purpose for diving? Recreation Occupation
- How long have you been diving? _____
- What are your usual dive sites? Ocean Lake River Cave
 Others: _____
- For the past two years, what was the **yearly average number of dives** did you undertake?

 During these dives, what were your diving locations? _____

- In the next 12 months, how many dives are you planning to undertake? _____
 What dive sites/locations are you planning to visit? _____

- Do you (or are you planning to) dive outside Philippine waters? Yes No
 If YES, where? _____
- Please give details on the following:
 a. Usual depth of dives (feet): _____
 b. Maximum depth of dives (feet): _____
 c. Normal duration of dives: _____
 d. Maximum duration of dives: _____
- Do you do saturation diving? Yes No

14. When you dive, you go: Alone With a Partner With a Group
15. Do you use explosives when you dive? Yes No
16. When was your last dive? ____/____/____ What is your total no. of dives to-date? _____
17. When were you last medically examined for the purpose of establishing diving fitness? Please also indicate the name and address of the examining doctor. _____

18. Have you ever suffered from any illness or injury as a result of, or while diving?
 Yes No
- If yes, please give details. _____

I certify that the above statements are true and complete, and agree that this questionnaire, together with the application dated ____/____/____ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Applicant

Witnessed by: _____
Name and Signature of Bancassurance Sales Executive
Code No. _____