

Identification
Policy:
Name of person to be insured:
First Name of person to be insured:
Date of birth: year / month / day
Section scuba diving
1. Do you have a scuba diving certification? Yes 🗌 No 📄
If yes, answer the following questions:
a) Name of the organization which issued the certificate:
b) Date issued: year / month / day
c) Level of certification? 🔲 Basic 🔄 Open water 🗌 Advanced open water 📄 Dive master
Ice diver Night diver Deep diver Instructor Wreck diver Cavern diver
Other (specify):

Depth (feet or meters)	In the past 12 months		In the next 12 months		
	Number of dives	Average duration	Number of dives	Average duration	
Less than 50 ft or less than 15 m.					
From 50 to 75 ft or from 15 to 20 m.					
From 75 to 100 ft or from 20 to 30 m.					
100 ft or more or 30 m. or more					

2. What type of equipment do you use?

Scuba, number of compressed air cylinder:



—— Scuba diving (continued) ————————————————————————————————————						
2. What type of equipment do you use? (continued)						
Submersible pressure gauge Weight belt Safety holder Stopwatch Wetsuit						
Other (specify):						
Is your equipment inspected regurlaly? Yes No Frequency?						
Do you use experimental equipment? 🔲 Yes 🔛 No						
3. Are you a member of a club? Yes 🗌 No 📄 If yes, details:						
4. a) Do you dive:						
For your own pleasure For commercial purposes (specify):						
Wreck exploration Salvage Research						
Other (specify):						
b) Where do yo dive?						
Lakes and rivers? High sea? Along the ocean beaches?						
Other (specify):						
c) In which countries or coastal waters do you dive?						
5. For any "yes" answer, please give details:						
a) Do you dive:						
In caves? Yes No						
Under ice? Yes No						
At night? Yes No						
Salvage diving? Yes No						
b) Alone? Yes No						

Signatures _____

I, the undersigned, declare that the above answers are true and complete and shall for Humania Assurance.	m part of m	y application	for insurance	ce with
Signed at:	date:			
		year	/ month /	day
Signature of person to be insured:				
Signature of witness:				

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6