

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 regularly? 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 you 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 form part of my application for insurance with Humania Assurance.

Signed at: _____

date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
year			/	month		/	day

Signature of person to be insured: _____

Signature of witness: _____

Humania Assurance Inc., 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe, Quebec J2S 7C8