

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

Do you plan to take part in or, in the last 2 years, have you taken part in scuba diving? Yes No

- 1** Specify the purpose of your dives:
- Recreation: Yes No
 - Commercial: Yes No **If so, specify:** _____

2 Certification obtained: None Scuba Diver (Basic) Open Water Diver Advanced Open Water Diver Master Diver/Instructor

3 Depth and diving experience

	0-22 meters (0-75 ft.)		23-30 meters (76-100 ft.)		31 meters (101 ft.) and up	
	Number of dives	Total hours	Number of dives	Total hours	Number of dives	Total hours
Last 24 months	_____	_____	_____	_____	_____	_____
Next 12 months	_____	_____	_____	_____	_____	_____

- 4** Do you practise specialized dives:
- Under ice? Yes No
 - Inside caves? Yes No
 - Exploring wrecks? Yes No
 - Search and rescue? Yes No

5 Do you always dive accompanied by a certified diver? Yes No

6 Have you definitively ceased participation in this sport? Yes No

7 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20____.

Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces. Signature of witness