Reset

Standard Insurance Company
Individual Division
1100 SW Sixth Avenue Portland OR 97204-1093

Underwater Diving Questionnaire Application Supplement

This application supplement is part of application(s) for insurance on: _____
Proposed Insured (please print)

In this application supplement, "you" and "your" mean the proposed insured.

1. Complete the following:

Depth of Dives in the last 12 months	Number of Dives in the last 12 months	Number of Dives planned in the next 12 months	Average Time at Depth
50 feet and less			
51 through 75 feet			
76 through 100 feet			
101 through 150 feet			
Over 150 feet			

2. Maximum **depth** ever achieved: _____ feet; **date** achieved: _____
3. Date of last diving activity: _____
4. List locations of activity: _____
5. Months of the year active: _____
6. Years of experience: _____
7. Do you participate professionally or for cash prizes? ☐ Yes ☐ No
8. Do you dive to salvage, search or rescue? ☐ Yes ☐ No (If yes, explain in Remarks.)
9. Describe type of equipment used: _____
10. List any training you have received and any diving related organization to which you belong: _____
11. REMARKS (Use this space for any additional information or details regarding any of the above questions.)

I REPRESENT that all answers to the above questions are correctly recorded, complete and true, to the best of my knowledge and belief. I understand that Standard will rely on this information in considering my eligibility for insurance and for various premium rates. I agree that this application supplement shall become part of any contract of insurance based on such application.

_____ Signed at _____ on ___/___/___
Signature of Proposed Insured City, State Date

_____ Signed at _____ on ___/___/___
Signature of Soliciting Producer City, State Date

NOTE: A person commits a fraudulent act when that person knowingly files an application for insurance which either contains materially false information or conceals material information with intent to mislead.

Print