



DISABILITY DIVISION

Scuba Diving and Sky Diving Questionnaire

Proposed insured: FIRST _____ MIDDLE _____ LAST _____

Date of Birth: _____ TODAY'S DATE: _____

SECTION I - DIVING	FOR PLEASURE	COMMERCIALY
HOW LONG HAVE YOU BEEN DIVING?		
HOW MANY MONTHS OF THE YEAR SO ENGAGED?		
WHAT TYPE OF EQUIPMENT IS USED?		
WHAT ARE THE LOCATIONS OF DIVING ACTIVITIES?		
DO YOU EVER DIVE ALONE?		
DO YOU DO ANY CAVE OR WRECK DIVING?		

DIVING FOR PLEASURE	DURING PAST 12 MONTHS		EXPECTED NEXT 12 MONTHS	
DEPTH OF DIVES	NUMBER OF DIVES	AVERAGE TIME UNDER WATER PER DIVE	NUMBER OF DIVES	AVERAGE TIME UNDER WATER PER DIVE
0 - 75 FEET				
76 FEET TO 100 FEET				
101 FEET TO 130 FEET				
OVER 130 FEET				
MAXIMUM DEPTH OBTAINED				
HOW MANY WERE ALONE?				

DIVING FOR FINANCIAL BENEFIT	DURING PAST 12 MONTHS		EXPECTED NEXT 12 MONTHS	
DEPTH OF DIVES	NUMBER OF DIVES	AVERAGE TIME UNDER WATER PER DIVE	NUMBER OF DIVES	AVERAGE TIME UNDER WATER PER DIVE
0 - 75 FEET				
76 FEET TO 100 FEET				
101 FEET TO 130 FEET				
OVER 130 FEET				
MAXIMUM DEPTH OBTAINED				
HOW MANY WERE ALONE?				

What agency certified you? _____ What level is your certification? _____
 Do you regularly use dive tables or a dive computer? Which? _____ Do you ever use mixed gas? If so, which? _____
 Do you maintain regular dive logs? Are they available for inspection if necessary? _____
 Have you ever suffered any aquatic related dive injury? If so, what and when? _____
 If you are a commercial diver, please describe your training and experience _____

SECTION II - SKY SPORTS

Please identify which of these activities you participate in: Sky Diving Parachuting Ballooning Other _____

NOTE: If you fly hang gliders or ultralights, please complete Aviation Questionnaire.

SKY DIVING AND PARACHUTING: Amateur Professional

Any stunting or baton passing? Yes No Are you a member of a club? Yes No

How many times per month do you sky dive? _____

BALLOONING: Gas Hot Air Free Flight Tethered Flight Student Instructor Fly over land only Fly over land and ocean

Total number of hours experience _____ How many times per month? _____ Greatest distance covered in a single flight? _____

License held _____

I agree that the above questions and answers shall form part of my proposal for life assurance/disability benefits.

SIGNED _____ DATE _____

PETERSEN INTERNATIONAL UNDERWRITERS

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