

## APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DAY MONTH YEAR

## SCUBA DIVING DETAILS

1. Do you dive for pleasure?  YES  NO or for commercial purposes?  YES  NO

2. Do you engage in:  ice diving  night diving  search & rescue work  salvage diving  cave diving  
 free (apnea) diving  using underwater explosives

3. What are the locations of your diving activities?  Lakes and rivers  Ocean beaches  Deep sea  Other (specify): \_\_\_\_\_

4. Diving history:

	Last 12 months			Next 12 months		
	Type of Diving	No. of dives	Average time	Type of Diving	No. of dives	Average time
Less than 50 feet						
50 – 74 feet						
75 – 99 feet						
100 feet and over						

5. Do you dive alone?  YES  NO If YES, how often? \_\_\_\_\_

6. (a) Are you a certified diver?  YES  NO (b) Are you a member of an organized club?  YES  NO  
 If YES, please provide details: \_\_\_\_\_

7. Have you ever been involved in a diving accident that required medical attention?  YES  NO If YES, please provide details: \_\_\_\_\_

8. If scuba diving requires an extra premium or an exclusion rider, which would you prefer?  
 Extra premium  Exclusion rider

## AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

## SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF INSURED \_\_\_\_\_

**PLEASE RETURN FORM TO:**  
 The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8  
 TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com