

**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, TEL: 1-888-997-9965, FAX: 1-888-985-3872**