Scuba

Please answer all question	is applicable to the client's medical	hist	tory.	
Producer Name	Phone			Date
Client Name Date of Birth		rth		Male Female
Face Amount	Max Premium \$		/yr.	Term Permanent
Has the client ever used any t	form of tobacco (cigarettes, cigars, pip	e, sr	nuff, etc.)? 🗌 Yes 🗌 No)
Frequency	Date of last use	<u> </u>		Туре
How many years has the client been diving Pleasure diver Professional diver If professional, please explain (e.g. instructor, Coast Guard, etc.)				
Does the client participate in	Cave diving Wreck divi	ng	□Salvage diving If a	ny are selected, provide details
Type of equipment used				
Did the client ever dive alone Yes No Date of last dive Certifications				
Is the client a member of any	organized clubs □Yes □No If y	res, p	provide name(s)	
Average dive depths	Deepest dive H	low	often does the client dive	this deep
Dive location(s)	H	low	often does the client dive	per year
Number of Dives During the Past 12 Months			Number of Dives Contemplated in Next 12 Months	
Less than 50 feet	Average time per dive:		Less than 50 feet	Average time per dive:
50 - 100 feet	Average time per dive:		50 - 100 feet	Average time per dive:

101-150 feet

Greater than 150 feet

Average time per dive:

Average time per dive:

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Average time per dive:

Average time per dive:

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101-150 feet

Greater than 150 feet