



THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road, P.O. BOX 7007
Lafayette, Indiana 47903
1-800-243-6631 FAX: 888-558-9329
E-Mail: IndividualOperations@llic.com

**SUPPLEMENT TO APPLICATION
SKIN/SCUBA DIVING QUESTIONNAIRE**

PROPOSED INSURED

DATE OF BIRTH

1. What is your certification category?

- 2. How long have you been skin/scuba diving?
- 3. How many months of the year do you participate in this sport?
- 4. Are you a member of an organized club?
- 5. What type of equipment do you use?
- 6. What are the locations of your diving activities?
- 7. Do you participate in any cave, ice, or wreck diving?

For Pleasure	Commercially

8. DETAILS OF SKIN/SCUBA DIVING FOR PLEASURE

During the 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
(a) Less than 50 feet				
(b) 51 feet to 75 feet				
(c) 76 feet to 100 feet				
(d) Maximum depth obtained				

9. DETAILS OF SKIN/SCUBA DIVING FOR FINANCIAL BENEFIT

During the 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
(a) Less than 50 feet				
(b) 51 feet to 75 feet				
(c) 76 feet to 100 feet				
(d) Maximum depth obtained				

10. PLEASE PROVIDE ANY ADDITIONAL COMMENTS

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at State of this day of yr

Signature of Witness

Signature of Proposed Insured