UV INSURANCE

INDIVIDUAL INSURANCE

Underwater Diving Questionnaire

EQC060

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use, and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract # _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. Which association is your certification from? ☐ PADI ☐ NAUI ☐ YMCA ☐ FQAS ☐ Other (name) _____
2. What certification level(s) have you obtained? ☐ Basic course ☐ Dive Master ☐ Assistant instructor ☐ Instructor ☐ Open Water I ☐ Open Water II ☐ Advanced Open Water
3. Do you plan to obtain additional certification level(s)? ☐ Yes ☐ No If **Yes**, please specify: _____
4. When did you receive your most recent certificate? Y M D
5. What is your total experience? _____
6. How many dives have you done in the last 12 months? ☐ 20 ☐ 21 to 50 ☐ 51 to 200 ☐ 201 or more
7. Do you plan to continue underwater diving? ☐ Yes ☐ No
8. Where have you dived? ☐ At sea ☐ In cold water ☐ Lake and river
9. To what depth have you dived? ☐ To less than 60' ☐ 60' to100' ☐ 101' to130' ☐ over 130'
10. Do you do specialized dives? ☐ Yes ☐ No If **Yes**, please specify:
    ☐ Cavern (more than 20' penetration) ☐ Shipwreck (without direct access to the outside ☐ Under ice ☐ Commercial
    ☐ Other, provide details: _____
11. What type of equipment do you use?
    ☐ Lead belt ☐ Compass ☐ Gloves ☐ Buoyancy compensator ☐ Pressure reducer + secondary air source (octopus)
    ☐ Knife ☐ Dry suit ☐ Mask ☐ Water temperature gauge ☐ Depth gauge
    ☐ Snorkel ☐ Flippers ☐ Wet suit ☐ Pressure gauge
12. Do you always dive with another certified diver? ☐ Yes ☐ No
13. What other sports do you do? _____
14. What kind of dives do you do? ☐ Recreational ☐ Photography ☐ Scientific ☐ Hunting

If your application is not accepted at the regular premium rate, what would you accept? ☐ Additional premium ☐ Exclusion

Section D – Signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

I, the undersigned and person to insure, declare that the above information is complete and accurate and that it will form part of my insurance application with UV Insurance.

Signed in _____ Y M D

X _____ **X** _____

Signature of person to be insured | Owner's signature (required if insured under age)

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Send the form to the following email address: ind.client@uvinsurance.ca
P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

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