



**Risk Assessment– Scuba**

Agent Name:	
Address:	
Email:	
Phone:	
Applicant Name:	
Date Of Birth:	
Sex:	<b>Male                      Female</b>
Height/Weight:	
Occupation:	
Death Benefit:	
Type of Product:	<b>Term      UL      Whole Life      2nd To Die</b>
Has Client EVER Used Tobacco? <b>YES   NO</b>	<b>Date of Last Use:</b>
Specify All Types of Nicotine Used:	<b>Cigarettes                      Cigar                      Pipe</b> <b>Other:</b>
Does Client engage in Commercial diving	<b>Yes                      No</b>
Does Client engage in Recreational diving?	<b>Yes                      No</b>
Is client certified?	<b>Date of Certification:</b>

How often does client dive?	
What is average depth of Dives?	
What is maximum dive Depth?	
How many dives have been Completed at max depth?	
Where does client dive?	
Date of last dive?	

**Additional Comments:**

**This Questionnaire Must Accompany Your Formal Application.**

**FSA Preliminary Assessment:** \_\_\_\_\_

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