

Farmers New World Life Insurance Company

Scuba Diving Questionnaire



FARMERS
LIFE INSURANCE

Proposed Insured/Insured Name

Application/Policy Number

1. Please complete the following regarding your scuba diving participation: *(Check all that apply)*

☐ **Pleasure/Vacation**

Number of dives in the **past** 12 months: ☐ Less than 5 ☐ 5 to 9 ☐ 10 or more
The average depth: ☐ Less than 75 ft ☐ 75-100 ft ☐ 101-130 ft ☐ More than 130 ft

Anticipated number of dives in the **next** 12 months: ☐ Less than 5 ☐ 5 to 9 ☐ 10 or more
The average depth: ☐ Less than 75 ft ☐ 75-100 ft ☐ 101-130 ft ☐ More than 130 ft

☐ **Commercial Diving**

Number of dives in the **past** 12 months: ☐ Less than 5 ☐ 5 to 9 ☐ 10 or more
The average depth: ☐ Less than 75 ft ☐ 75-100 ft ☐ 101-130 ft ☐ More than 130 ft

Anticipated number of dives in the **next** 12 months: ☐ Less than 5 ☐ 5 to 9 ☐ 10 or more
The average depth: ☐ Less than 75 ft ☐ 75-100 ft ☐ 101-130 ft ☐ More than 130 ft

☐ **Future only***

*If only future participation is being considered, with no past or current scuba diving activity, provide anticipated dates and details:

**(If future scuba diving activity only, complete above details and continue with the Authorization and Acknowledgement section.)*

☐ **None of the above**

2. Do you dive alone or are you always accompanied? ☐ Dive Alone ☐ Always Accompanied

3. Do you have any formal dive training? ☐ Yes ☐ No

If "Yes," please indicate all that apply: ☐ NAUI ☐ PADI ☐ Other: _____

4. What is your level of certification?

☐ Advanced Open Water ☐ Dive Master ☐ Master Instructor ☐ Open Water
☐ Basic ☐ Instructor/Assistant ☐ Master Scuba Diver ☐ Specialty Courses
☐ None of the above

5. Have you ever participated in any of the following or do you plan to do so in the future?

- ☐ Cavern/Cave Diving
- ☐ Diving Bells
- ☐ Depth Record Attempts
- ☐ None of the above

- ☐ Ice Diving
- ☐ Internal Exploration of Wrecks
- ☐ Search & Rescue

- ☐ Underwater Photography
- ☐ Other: _____

Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Scuba Diving Questionnaire (Questionnaire), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Questionnaire, which will become part of the Policy Contract, if issued. In the event this Questionnaire is completed with the Application for Policy Change/Reinstatement, I will receive a copy of this Questionnaire if the request is approved. I will also receive a copy upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Questionnaire, or have had it read to me, and agree that all the answers are true and complete to the best of my knowledge and belief; and will be relied upon to determine my insurability.

I also acknowledge that I have read, or have had read to me, the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

Proposed Insured/Insured Signature
(or parent if Proposed Insured/Insured is a juvenile)

Date

Agent (if present) or Witness Signature

Agent code or Relationship

Date

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400

Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975

Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 (877) 376-8008

Fraud Warnings and Other Notices



FARMERS
LIFE INSURANCE

Please review the warning and/or notice applicable to your state, if any.

Arkansas, Louisiana, and New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia – “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota Guarantee Association Notice – *This applies only to the variable funds of life and annuity policies:* This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.

Missouri – Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in the policy.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Oklahoma – WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Tennessee, Virginia and Washington – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

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