

- The Ohio National Life Insurance Company
- Ohio National Life Assurance Corporation/*Cincinnati*

Scuba/Skin Diving Questionnaire

1. Full Name (first, middle initial, last)

2. What type of certification do you hold? PADI NAUI NASDS YMCA Other, explain

3. What is your level of certification? Basic Advanced Open Water Dive Master
 Assistant Instructor Instructor Open Water
 Master Instructor Master Scuba Diver

4. Do you hold any specialty certifications? Yes No If yes, provide details

5a. Indicate your diving activity for the past 12 months

DEPTH	NUMBER OF DIVES	AVERAGE TIME
Under 50 feet	_____	_____
50 - 75 feet	_____	_____
75 - 100 feet	_____	_____
Over 100 feet	_____	_____

b. Estimate your diving activity for the next 12 months

DEPTH	NUMBER OF DIVES	AVERAGE TIME
Under 50 feet	_____	_____
50 - 75 feet	_____	_____
75 - 100 feet	_____	_____
Over 100 feet	_____	_____

6. Total number of dives

7. Years of experience

8. Date of last dive

9. Usual dive sites: Ocean Lake River Quarry Other, explain

10. Purpose of dives: Recreation Photography Salvage/Treasure Diving
 Cave Diving Wreck Diving Fishing/Hunting Other, explain

11. Type of equipment used

12. Do you ever dive alone? Yes No

If yes, provide details

Agreement

The statements and answers shown on this questionnaire are true and complete to the best of my knowledge and belief. It is agreed that this questionnaire will become part of my application for insurance to Ohio National.

Date

Signature

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Mountain Climbing Questionnaire

1. Full Name (first, middle initial, last)

2. In what type(s) of climbing do you participate? Check all that apply.

- Trail Rock Snow Ice Glacier Other, explain

3. Date of last climb

4. Total number of climbs

5. Estimated number of climbs within the next
12 months

6. Location of climbs

7. Average length of climbs (hours or days)

8. Have you climbed or do you intend to climb
outside the continental United States?

- Yes No If yes, provide details

9. Have you received any specialized training?

- Yes No If yes, provide details

10. Do you ever climb alone? Yes No If yes, provide details

11. Are you a member of a climbing club or organization? Yes No If yes, provide details

Agreement

The statements and answers shown on this questionnaire are true and complete to the best of my knowledge and belief. It is agreed that this questionnaire will become part of my application for insurance to Ohio National.

Date

Signature