

READ CAREFULLY BEFORE SIGNING THIS APPLICATION

EACH DIVE PROFESSIONAL MUST FILL OUT THIS PAGE TO BE ADDED TO POLICY

Name _____ Hm. Ph. #(____) _____ - _____ Wk. Ph. #(____) _____ - _____

Street Address _____ SS # _____ E-mail _____

City _____ State _____ Zip _____ Country _____ Instructor, DM, Ect. No. _____

Date Certified _____ Are you an independent ___ Yes ___ No Store you work with _____

____ Diveassure Add _____

Diveassure Not Available in: NY, LA, ND, MD, WV, VT, OR

Warranties - Conditions and Limitations of Coverage

The named organization, certificate holder or any additional insured warrants compliance with the following agreements:

A. (1) During open water instruction and/or tests, no instructor shall knowingly permit any uncertified student to leave the immediate area without supervision and attendance of an instructor or a certified assistant.

(2) On the first 3 scuba dives for entry certification, the students are to be under direct supervision of the instructor for all underwater skill evaluations. On the first four scuba dives for entry level certification, the instructor may conduct the navigation exercise under the indirect supervision, provided all required skill evaluations have been completed.

(3) Advanced Training and/or Training dives shall be planned within accepted recreational diving limits. For the purpose of this warranty, recreational training dives are defined as dives:
Planned to 130' / 40 meters or shallower
Planned without mandatory stage decompression (safety stops are acceptable)
Made using compressed air or oxygen enriched air (Nitrox)

For technical training dives - If the INSURED is a technically certified professional the above paragraph - A 3 will not apply.

B. During open water instruction and/or tests, no instructor, certified assistant or dive master shall leave or permit any uncertified student to be unattended.

C. The instructor shall require each student to complete and sign a medical history form and their certification agencies written waiver and release agreement, at the beginning of training. If the medical history form or the **appearance of the student** indicates any condition contrary to safe participation in diving activities, the student shall be required to obtain medical approval by a licensed physician based on a medical examination prior to any further water training. The medical history form and waiver of minors are to be signed by parent(s) and/or legal guardian(s).

D. No instructor shall provide instruction to a minor without first having secured a release signed by parent(s) and/or legal guardian(s) and no scuba instruction shall be given to anyone under the age of 10, except courses which are taught in confined water only (e.g. swimming pools) may be offered to anyone age 8 and older.

E. In no event will medical approval be accepted wherein the physician signing the certificate is the student.

F. Records used for the purpose of evaluating the student's progress shall be maintained by the instructor.

G. Records of knowledge tests for the purpose of evaluating the student's understanding of the instructional material shall be maintained by the instructor.

H. All records relating to individual students shall be retained for a minimum of five (5) years by the instructors.

It is agreed that failure of a certificate holder to conform to the foregoing warranties shall result in the certificate issued to that holder, being considered null and void as a breach of warranty and the Underwriters agree to remit the unearned premium upon demand.

For full policy wording and Exclusions, see POLICY WORDING @ www.scubainsurance.net

DISCLAIMER

This application is used to determine acceptability for insurance coverage only, and does not represent the entire agreement between applicant and insurance company. The company's insurance policy embodies the entire agreement, and contains additional exclusions, conditions and warranties. A copy of that policy, representing the entire agreement, will be attached to your certificate.

SPECIAL IMPORTANT NOTICE

READ CAREFULLY BEFORE COMPLETING AND SIGNING. YOU COMPLETE ONLY NO. 1 OR NO. 2 - NOT BOTH.

Sign if you have NO KNOWLEDGE OF PRIOR ACCIDENTS	I have no knowledge of any incident, accident, occurrence, act, error or omission which might lead to a legal action or claim for my instruction/supervision. 1. X _____ Date _____ (signature)
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OR

Complete and sign IF YOU HAVE KNOWLEDGE OF PRIOR ACCIDENTS	I have knowledge of an incident, accident, occurrence, act, error or omission which might lead to a legal action or claim for my instruction/supervision. Name or person injured _____ Date of accident _____ Location _____ Accident report filed? ___no ___yes Date filed? _____ With? _____. If the report was not filed with IDIG enclose a copy. Addition information to help identify the incident or claim. _____ 2. X _____ Date _____ (signature)
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Insurance Coverage is only provided if the Insurance Co. is put on notice of a possible claim ASAP.

Insurance Questions: Contact John Witherspoon, IV

INTERNATIONAL SCUBA RISK PURCHASING ALLIANCE

Brought to you by WITHERSPOON & ASSOCIATES, INC., & GALE SMITH + CO

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