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 CA# 0334819

# SCUBA OR SKIN DIVING SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

1.  Lake Diving     Ocean Diving     Swimming Pool

2. Describe extent of activity: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. List counselors/instructors qualifications: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Who provides equipment? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Who fills tanks? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please attach a copy of PADI, NAUI, or SSI LICENSE for diving instructors.

7. If subcontracted activity, please provide us with a copy of the certificate of insurance naming camp as additional insured.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)