

THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS (SBLI)

One Linscott Road, Woburn, MA 01801 800-694-7254

Application Amendment
Please Read Carefully and Sign Below

Skin and SCUBA and Submersible Diving Questionnaire

Proposed Insured	Application Dated	Policy Number

I hereby request that the application on the life of the proposed insured be amended to read as follows:

What type of equipment do you use? (Skin, SCUBA, Submersible) _____

What are the locations of your diving activities? (Cave, under ice, ocean, inland waters, etc.) _____

Please provide details of any "Yes" answers in the "Remarks" section below

Are you currently certified by one of the national training and certification organizations? If "Yes", Name of Organization _____ No _____ Yes _____

Are you a member of an organized club? No _____ Yes _____

Do you ever dive alone? No _____ Yes _____

Do you now dive or contemplate diving for compensation? No _____ Yes _____

Particulars of Diving

Depth of Dives Diving or Submerging:	Number of Dives	Average Time Underwater per Dive	Expected Next 36 Months
			Number of Dives
30 feet or less	_____	_____	_____
To 50 feet	_____	_____	_____
To 75 feet	_____	_____	_____
To 100 feet	_____	_____	_____
To 150 feet	_____	_____	_____
To 200 feet	_____	_____	_____
Over 200 feet	_____	_____	_____

Remarks: _____

To the best of my knowledge and belief, I hereby represent that the above answers and statements are complete, correct and true. I agree that SBLI, believing them to be complete, correct and true, shall rely and act on them. I agree that they shall be a part of my application for insurance or policy change request.

Please Sign Here:

 Date Signature of Proposed Insured - _____