

To be completed by the proposed Insured Person

Full Name: _____

Date of Birth: _____
Day/Month/Year

Occupation: _____

Please answer each question and where appropriate **provide particulars.**

1 What are your diving qualifications and experience? (PADI, Royal Navy, BSAC etc.)

2 How long have you been diving? _____

Please circle one

3 Do you ever undertake professional diving? If **YES**, please give the name of your employer and state the nature of work undertaken (e.g. salvage, maintenance, construction, pipe or cable laying etc.).

YES NO

4 If diving as an amateur, please state the nature and purpose of your dives.

5 Do you ever use explosives? If **YES**, please provide details.

YES NO

6 Do you belong to any professional diving organization? If **YES**, please provide details.

YES NO

7 What is the average number of dives you make per annum? _____

8 Do you ever dive alone? If **YES**, under what circumstances?

YES NO

9 Please give **details** of diving locations (e.g. lakes, rivers, harbours, inshore or offshore waters including the country of each diving location).

Diving Questionnaire Continued

Please circle one

10 Does your diving involve work around oil rigs? If **YES**, please provide details including country where oil rig is located. **YES NO**

11 Please **complete** the following:

a) Normal depth of dive: _____

b) Maximum depth of dive: _____

c) Type of equipment used: _____

d) Do you undertake saturation diving? If **YES**, please provide details. **YES NO**

e) Do you undertake cave diving? If **YES**, please provide details. **YES NO**

11 Have you any intention of engaging in experimental diving or record attempts? If **YES**, please provide details. **YES NO**

12 When were you last medically examined for fitness to dive? Please give name of examining doctor and result.

13 Have you ever suffered any illness or injury as a result of your diving activities or have you ever had an accident while diving? If **YES**, please provide details.

I agree that the above questions and answers shall form part of my proposal for life insurance and/or disability benefits.

Signed: _____ Date: _____