

DIVING QUESTIONNAIRE

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**
- 12** Have you any intention of engaging in experimental diving or record attempts? If **YES**, please provide details. **YES NO**
- 13** When were you last medically examined for fitness to dive? Please give name of examining doctor and result.
- 14** 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: _____