

Hazardous activity questionnaire for scuba diving

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title

Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

1. a) Please state the highest scuba diving licence and / or certification(s) that you have

(Please provide full details)

b) When this was obtained?

2. What is your main reason for scuba diving?
(e.g. sport, recreation, photography, scientific or commercial activity)

3. Are you a member of a scuba diving club or professional diving organisation?

No Yes (Please provide full details)

4. For how many years have you been scuba diving?

5. Please provide details on:

a) Total number of dives to date

b) Number of dives in last 12 months

c) Estimated dives in next 12 months

d) Average dive depth

e) Maximum dive depth

f) Average dive duration

7. Do you participate in, or do you intend to participate in night diving, wreck diving, cave diving, search and rescue diving, salvage diving, deep diving (below 50m/150ft) or free diving, ice diving or mixed gas diving (e.g. Trimix)?

No Yes (Please provide full details)

8. Do you ever dive alone?

No Yes (Please provide full details)

9. Have you been medically examined to establish your fitness to dive?

No Yes (Please provide full details)

Date of last examination

Name of the examining doctor

Address of the examining doctor

Details of any medical restrictions that were imposed

10. Have you ever had an accident, sustained an injury and/or been treated in a decompression chamber as a result of your scuba diving activities?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date