

## Hazardous activity questionnaire for Caving and Potholing

### (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. How many years have you been caving?

2. How often do you go caving?

3. What is your main reason for caving?  
(e.g. recreation, pleasure, photography,  
scientific study)

4. Are you a member of any caving club or  
professional caving association?

No  Yes  (Please provide full details)

5. Do you have any caving qualifications?  
(e.g. cave leader, cave instructor)

No  Yes  (Please provide full details)

6. Do you belong to a cave rescue team?

No  Yes  (Please provide full details)

7. What is the most difficult grade of cave  
that you have attempted?

8. Have you ever done cave diving using full scuba equipment?

No  Yes  (Please provide full details)

9. Have you ever gone caving unaccompanied?

No  Yes  (Please provide full details including grade of caves and locations)

10. Have you ever made, or do you intend to make an international caving trip?

No  Yes  (Please provide full details including locations, grade of difficulty of caves, whether an organised club expedition etc)

11. Have you ever been advised against caving because of a medical condition or disorder?

No  Yes  (Please provide full details)

12. Have you ever had an accident or sustained an injury as a result of your caving 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