

Occupational questionnaire for commercial and military 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. For how many years have you been diving professionally?

2. Please provide details of the diving qualifications that you hold (including any speciality certifications, date obtained and last renewal date)

3. Please provide the name and address of your current employer

Employer

Address

Postcode

4. Please advise the main type(s) of diving work undertaken (by ticking the relevant boxes)

Cable laying	<input type="checkbox"/>	Survey	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Salvage	<input type="checkbox"/>
Dredging	<input type="checkbox"/>	Search and rescue	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Other	<input type="checkbox"/>
Oil rig work	<input type="checkbox"/>	(Please specify)	
Photography	<input type="checkbox"/>	<input type="text"/>	
Research	<input type="checkbox"/>		

5. Where do you dive? (e.g. deep sea, coastal waters, harbours, lakes, rivers)

6. Do you ever work with explosives in the course of your diving activities?

No Yes (Please provide full details)

7. To what depths do you usually dive?

8. What is the average duration of your dives?

9. What is the deepest that you dive?

10. Do you ever do saturation diving?

No Yes

11. Do you ever dive alone?

No Yes (Please provide full details including the frequency of unaccompanied dives, locations and depths)

12. When were you last medically examined to establish your fitness to dive?

13. What was the name of the examining doctor?

14. What is the address of the examining doctor?

Postcode

15. Were any medical restrictions imposed?

No Yes (Please provide full details)

16. Have you ever had an accident, sustained an injury and/or been treated in a decompression chamber as a result of your 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