

DIVING QUESTIONNAIRE

Application No:

Full name of life to be assured:

1. Please specify type of diving:

☐ Scuba diving ☐ Snorkel diving ☐ Commercial diving

☐ Other - please provide details

2. How long have you been diving?

3. Which qualifications and certifications do you hold? E.g. CMAS, NAUI, PADI, BSAC

4. Are you a member of a club?

☐ No

☐ Yes - please state the name of the club

5. When did you perform your last dive?

6. How deep (in meters) do you usually dive?

7. What is the maximum depth you dive to?

8. Where do you dive? (e.g. caves, potholes, sinkholes, wrecks, ocean, deep sea, fresh water)

9. Do you dive alone?

☐ No

☐ Yes - please state reason

10. How often do you dive?

11. Do you participate in any competitions, record attempts or experimental diving?

☐ No

☐ Yes - please state reason

12. Have you ever suffered any medical complications as a result of diving, such as decompression sickness?

☐ No

☐ Yes - please provide details and dates

13. Do you ever hyperventilate when diving?

☐ No

☐ Yes - have you suffered a blackout?

14. What type of equipment do you use (e.g. aqua lung)?

When this equipment was last checked?

For Commercial Divers add:

1. Please state name of employer
2. Give a brief description of your occupational duties, giving details of activities such as exploration, salvage, harbor installations, inshore clearance, offshore oil rigs, fish farming, shell fishing.
3. Do you ever dive with explosives?
☒ ☐ No
☒ ☐ Yes
4. Do you expect your duties to change in the future?
☒ ☐ No
☒ ☐ Yes - please provide details
5. Have you ever been unable to dive?
☒ ☐ No
☒ ☐ Yes - please provide details
6. Date of last dive medical

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

Place:

Signature of Life to be assured / Proposer: