

# DIVING QUESTIONNAIRE

## CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

Exact Occupation

1. Diving experience and qualifications:

a) When and where did you learn to dive?

b) Are you the member of a diving club (e.g. BSAC, PADI etc)?

☐ Yes ☐ No

If Yes, please provide full details below.

c) Which diving qualifications do you hold?

d) What is the average number of dives per annum you have undertaken in the last 3 years?

e) What is maximum depth you have dived to?

2. Intended diving in future:

a) How many dives do you plan to make each year?

b) What depth will you usually dive to?

c) Will you use mixed gas equipment (e.g. Nitrox, Trimix, Heliox)? ☐ Yes ☐ No

d) Do you intend diving to a depth of 50 metres or more?

☐ Yes

☐ No

If Yes, please state how often and under what conditions.

e) Do you ever dive alone?

☐ Yes

☐ No

If Yes, please state how often and under what conditions.

3. Please give details of the location of your diving, including: countries and whether deep sea, coastal waters, lakes, rivers etc.

4. Purpose of dives:

a) For what purpose do you dive? (e.g. photography, marine biology etc)

b) Do you participate in any of the following?

Wreck diving (observation, salvage, photography or exploration) ☐ Yes ☐ No

Cave or pot hole diving ☐ Yes ☐ No

Treasure trove diving ☐ Yes ☐ No

Ice diving ☐ Yes ☐ No

Diving at high altitudes e.g. mountain lakes ☐ Yes ☐ No

Depth record attempts ☐ Yes ☐ No

If Yes, please provide details below including locations, frequency of these types of dives etc. If you keep a diving log, please submit a copy with this form.

5. Medical:

a) When were you last medically examined for diving purposes?

b) Were any restrictions imposed?

☐

Yes

☐

No

If Yes, please advise when and details of any follow-up treatment

c) Have you ever suffered any illness or injury due to diving?

☐

Yes

☐

No

If Yes, please advise when and details of any follow-up treatment

## DATA PROTECTION

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at [www.rl360.com/privacy](http://www.rl360.com/privacy). Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

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## DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)