

# **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**

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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)