

# Diving questionnaire

## (to be completed by the life to be insured)

### Instructions

Please complete this form to supplement the answers you have given on your application. The information you give may assist us in the assessment of your application.

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

### 1 Personal details

Policy number (if known)

#### Full name of life to be insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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### 2 Supplementary questions

2.1 Which of the following diving activity(ies) do you participate in?

Snorkelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scuba	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rebreather Diving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depth record attempts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface Supply Diving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internal Exploration of Wrecks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasure/special expeditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free Diving	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.2 Please provide full details of your diving qualifications and when and where these were achieved.

2.3 Please advise where you usually dive, e.g. coastal waters, lakes, and in which countries.

2.4 Do you do any cave or pothole diving?  Yes  No

2.5 What is the main purpose of your diving, e.g. pleasure, profession, photography, etc?

2.6 Do you do any competitive diving?  Yes  No



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