

Diving questionnaire

Full name:

1. Diving experience and qualifications:

a) When and where did you learn to dive?

b) Are you an active member of a diving club? Yes No

c) Which diving qualifications do you hold?

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

e) What is the 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? Yes No
i.e. Nitrox, Trimix, Heliox

d) Do you ever dive to a depth of 165 ft (50 meters) or more? Yes No

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

e) Do you ever dive unaccompanied? 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? i.e. photography, marine biology, etc.

b) Do you participate in any of the following?

Wreck diving (observation, salvage, photography or exploration)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cave or pot hole diving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Treasure trove diving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ice diving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diving at high altitudes i.e. mountain lakes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Depth record attempts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If YES, please give full details, including how often.

c) Do you ever dive for profit? Yes No

If YES, please complete the commercial diving questionnaire.

5. Medical:

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

b) Were any restrictions imposed? Yes No

If YES, please give full details.

c) Have you ever suffered any illness or injury due to diving? Yes No

If YES, please give full details.

**I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.
I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.**

Signature

Date
