

Application Reference Number

The questionnaire must be completed by the Life Insured.

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

 (Compulsory)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Address

Postal code

General Questions

1. Who awarded your certification as a diver?

PADI

NAUI

YMCA

Other (please state)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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2. Level of certification

Basic

Open Water

Master Diver

Advanced Open Water

Dive Master

Assistant Instructor

Instructor

Other (explain)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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3. Speciality Certification

Rescue Diver

Night Diver

Wreck Diver

Search and Recovery

Deep Diver

Medic: First Aid

Cave Diver

Ice

Other (explain)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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4. Number of dives in the last 12 months

Less than 10

10 to 20

More than 20

(provide number)

Locations

5. Total number of dives per year

6. Number of anticipated dives in next 12 months and locations

7. Equipment used

Mask

Snorkel

Fins

Regulator

Octopus

Air pressure gauge

Depth gauge

Compass

Weight belt

Buoyancy compensator

Wet suit

Dry suit

Knife

Glove

Water temp gauge

Other (please list)



8. Usual dive sites

Ocean

Lake

River

Other (please list)

9. Purpose of diving

Recreation

Photography

Scientific

Hunting

10. a) What is the average depth of your dives?

b) What is the deepest level to which you dive?

c) How often do you do this?

11. Do you carry out decompression dives?

Yes

No

If you have answered 'Yes', state

a) maximum depths

b) maximum bottom times

12. Date of last dive

D	D	M	M	Y	Y	Y	Y
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13. Total number of dives to date

14. Do you dive alone

Yes

No

If 'Yes', please explain

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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