

SUPPLEMENTARY QUESTIONNAIRE TO BE COMPLETED BY THE LIFE TO BE ASSURED

Name of Company : _____ Date : _____
 Policy Number : _____
 Name of Life Assured : _____
 Subject : **DIVING**

- 1) Amateur [] or Professional []?
- 2) How long been diving ?.....
- 3) a) Have you completed an approved training programme ? Yes [] No []
 If yes, please state name and grade of qualification eg. BSAC grade etc.
 b) Year obtained.....
4. Please state :
 - a) On the average, how many dives do you undertake each year ?.....
 - b) When was you last dive ?
 - c) Normal depth of dives.....metres.
 - d) Maximum depth of divesmetres.
 - e) Normal duration of dives.....
 - f) Maximum duration of dives.....
 - g) Purpose of the dives.....
- 5) Do you normally dive Alone [] With a Partner [] In a Group []?
- 6) Are explosives ever used ? Yes [] No []
- 7) Details of places and location. (E.g., sea, harbour, oilrigs, lakes, rivers, etc)

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- 8) Have you ever had an accident or felt any disorder during or after you dives ? Yes [] No []
 If "Yes", please provide details:
 - How many times ?
 - When ? Specify date.
 - Nature and duration of disorders :
 - Nature and duration of treatment :
 - Nature of sequelae :

I hereby declare that all the above answers and statements are true and complete to the best of my knowledge and belief and I have not withheld any facts which are required from me by in order to grant me this insurance. I agree that the information given above together with my Health Declaration form shall form the basis of the contract of insurance to be issued under this Group Insurance Policy.

Signature of Life Assured **Name of Life Assured** **Date**