SPORTS DIVING QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

When did you learn to dive?

Please provide the year.

Are you an active member of a diving club, for example BSAC?

☐ No

☐ Yes

Please give details.

Do you hold a formal diving qualification, for example BSAC sports diver?

☐ No

☐ Yes

Please give details.

What is the average number of dives you make each year?

What is the average depth you dive to?

What is the maximum depth you have dived to?

Have you ever dived to a depth of more than 50 metres?

- [ ] No
- [ ] Yes

Please tell us how often and under what conditions.

Do you ever dive solo?

- [ ] No
- [ ] Yes

Please give details.

Do you use mixed gas equipment?

- [ ] No
- [ ] Yes

Please give details.

Where do you normally dive?

- [ ] UK
- [ ] Overseas

Please give details.

Please describe where you dive.

Tick all that apply.

- [ ] Deep sea
- [ ] Coastal
- [ ] Lakes
- [ ] Rivers
- [ ] Other

Please give details.

For what purpose do you dive?

Do you take part in the internal exploration of wrecks?

- [ ] No
- [ ] Yes

Please tell us how often and under what conditions.

Do you take part in cave or pothole diving?

☐ No

☐ Yes

Please give details.

Do you take part in any of the following?

Tick all that apply.

☐ Treasure trove diving

☐ Ice diving

☐ Diving at high altitudes, for example in mountain lakes

☐ Depth record attempts

Do you ever dive for profit or reward?

☐ No

☐ Yes

Please give details.

When were you last medically examined for diving purposes?

Date:

Were any restrictions placed on your diving as a result of this examination?

☐ No

☐ Yes

Please give details.

Have you ever suffered any illness or injury as a result of diving?

☐ No

☐ Yes

Please give details.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: