



Name of Proposed Insured: [] Application/Policy No: []

1. Specify details of certification: [] PADI [] NAUI [] YMCA [] No certification [] Other (specify): []

2. Date of first certification: [] Date of last certification: []

3. Specify level of certification: [] Basic [] Open Water [] Advanced Open Water [] Rescue Diver [] Master Trainer [] Dive Master [] Open Water Instructor [] Specialty Instructor [] ICD Staff Instructor [] Master Instructor [] Search & Recovery [] Deep Diver [] Night Diver [] Wreck Diver [] Cavern Diver [] Ice Diver [] Other (specify): []

4. a) Where do you dive? [] Ocean [] Lake [] Quarry [] River [] Other (specify): []

b) In which countries or coastal waters do you dive? []

5. Specify purpose of diving? [] Recreation [] Photography [] Wreck Exploration [] Record Attempts [] Science/Research [] Salvage [] Fishing [] Diving for Treasure [] Commercial Diving (specify kind): [] [] Other (specify): []

6. a) Are you involved in cave or ice diving? [] Yes [] No If yes, specify type and frequency: []

b) Do you ever dive alone? [] Yes [] No If yes, please explain: []

7. a) Number of dives in last 12 months: [] d) Average duration of your dives: [] b) Date of last dive: [] e) Longest duration of your dives: [] c) Location of last dive: [] f) Total number of dives to date: []

8. a) Average depth of dives: [] d) No. of dives below 100ft in last 12 mths: [] b) Maximum depth of dives: [] e) No. of dives below 100ft anticipated in next 12 mths: []

9. Do you participate in decompression dives? [] Yes [] No If yes: a) Frequency of decompression dives: [] d) Maximum depth: [] b) Date of last decompression dive: [] e) Maximum bottom time: [] c) Location of decompression dives: []

10. Specify equipment used: [] mask [] snorkel [] fins [] regulator [] octopus [] air pressure gauge [] depth gauge [] compass [] wet suit [] weight belt [] dry suit [] water temp. gauge [] knife [] gloves [] buoyancy compensator [] dive computer [] other (please list): []

11. Do you anticipate any change in your scuba diving activities in the future? [] Yes [] No If yes, provide details: []

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

[]

Signature of Proposed Insured

[]

Date (day/month/year)