

Diving Questionnaire

1. Your details

Full Name (Mr/Mrs/Miss/Ms/other)

Date of birth (DD MM YYYY)

Policy Number

2. Your activity details

What is your diving status?

☐

Professional

☐

Amateur

What is the precise nature of your diving work?

Do you use explosives? If yes please give full details.

☐

Yes

☐

No

What are your precise diving qualifications?

Do you confine your activities solely to snorkelling?

☐

Yes

☐

No

Is your diving confined to inland or coastal waters?

☐

Yes

☐

No

Do you belong to any diving organisation e.g. BSAC/PADI?

How many dives on average do you make per year?

Please state the normal and maximum depth of your dives.

Normal m Maximum m

Do you ever dive alone?

☐

Yes

☐

No

Do you participate in any of the following?

☐

Cave Diving

☐

Internal exploration of wrecks

☐

Free diving

☐

Rebreather diving

☐

Other activities (please specify)

3. Declaration

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 above.

Signature

Date (DD MM YYYY)

