

Diving (Professional - Armed Services & Commercial)

Name of the Life Insured:	
Application Number:	

Please provide accurate answers to each question.

1. When and where did you learn to dive?

2. How long have you been a professional diver?

3. Please provide details of your qualifications/license. Include name of qualification and grade:

4. Who is your current employer?

5. When were you last medically examined for the purposes of diving? Were any restrictions imposed? If 'Yes, please provide details:

6. Please provide details of the location of your dives. Please mention the countries where you have dived, and whether these were deep sea, coastal waters, lakes or rivers:

7. Please mention the purpose of your dives. E.g. photography, marine biology etc.:

8. Please choose the types of dives you have been a part of from the options given below:

- ☐ Commercial diving – coastal waters and docks
- ☐ Commercial diving – deep sea
- ☐ Rescue work
- ☐ Instructor
- ☐ Police frogman
- ☐ Army diver
- ☐ Navy diver
- ☐ Rig or ship construction/maintenance
- ☐ Others (please specify) _____

9. Do you participate in any of the following?

- ☐ Wreck diving (observation, salvage, photography or exploration)
- ☐ Cave or pothole diving
- ☐ Treasure trove diving
- ☐ Ice diving
- ☐ Diving at high altitudes, e.g. mountain lakes
- ☐ Depth record attempts

10. Are you involved in any of the following? Please select from the options given below:

- ☐ Ship construction, repair or maintenance
- ☐ Cable laying, rig maintenance or pipe laying
- ☐ Experimental diving or diving at experimental depths

☐ Diving under ice fields

☐ Saturation diving

11. Please describe your precise duties whilst diving:

☐ Harbour and bridge construction

☐ Ship repair

☐ Marine salvage

☐ Inspection and pipe laying

☐ Rescue work

☐ Rig inspection and repair

☐ Using explosives

☐ Instructing others to dive

☐ Underwater photography

12. Do you ever use explosives? Yes ☐ No ☐

13. How many times per month do you dive? _____

14. Please mention the depth of your dives:

(a) Maximum depth to which you dive: _____

(b) Average depth of dives: _____

15. Please mention the length of your dives:

(a) Maximum length of dive: _____

(b) Average length of dives: _____

16. Do you engage in saturation diving? Yes ☐ No ☐

If 'Yes', how many times per month? _____

17. Do you always dive as part of a team? Yes ☐ No ☐

If 'Yes', how many divers are in the team? _____

If 'No', how many solo dives do you make per month? _____

18. Have you suffered any diving accidents? Yes ☐ No ☐

If 'Yes', please provide details: _____

19. Do you also dive for pleasure? Yes ☐ No ☐

I hereby declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the company.

Place : _____

Date : _____

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured