



Diving Questionnaire (Both sports and professional diving)

To be completed by the Life proposed

Full Name.	Proposal number
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1. When and where did you learn to dive?		
2. Do you hold a qualification from a recognised diving organisation. If so what?		
3. Do you dive professionally (tick)? If "No" go straight to question 4	Yes	No
a) If yes, how long have you been a professional diver?.....		
b) If yes, who is your current employer?.....		
c) If yes, what are your exact duties when diving?.....		
d) If yes, do you ever use explosives? In what circumstances?		
4. Are you an active member of a diving group e.g. BSAC?		
5. What is the average number of dives per annum undertaken in the last three years?		
Purely for professional purposes?.....		
Sports diving?.....		
6. Do you envisage your diving activities increasing or decreasing over the next three years?		
7. What is the maximum depth you have dived to? Do you ever envisage diving beyond 50 metres? In what circumstances?		
8. What average depth do you normally dive to?		
9. Does your diving involve decompression stops? If so, how frequently?		
Do you engage in saturation diving? If so how many times per month?		

Please continue overleaf

10. Where do you dive? (U.K./Overseas - please state countries and whether deep sea/coastal waters/lakes/rivers etc.).
11. Do you participate in cave diving or wreck diving (observation, salvage, photographic or exploration)?
12. For what purpose do you dive? (Photographic, marine biology etc.)?
13. Do you ever dive unaccompanied? If so how many solo dives per month? If you always dive as part of a team, how many are there in the team?
14. When were you last medically examined for diving purposes? (please provide date and doctor attended). Were any restrictions imposed?
15. Have you suffered any diving accidents?
16. Are there any other material facts about your diving activity that you feel should be disclosed?

Declaration.

I 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 of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed.....Date.....

Please return form to; Lutine Assurance Services Ltd, 3rd Floor, 154 Great Charles Street, Birmingham. B3 3HN. Tel 0121 200 1919, Fax 0121 200 1921

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