

Application Reference Number

**The questionnaire must be completed by the Life Insured.**

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

## Particulars of Life Insured

First Name(s)

Last Name

 (Compulsory)

Identity No./Passport No.

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Address




## General Questions

1. Who awarded your certification as a diver?

PADI

☐

NAUI

☐

YMCA

☐

Other (please state)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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2. Level of certification

☐

Basic

☐

Open Water

☐

Master Diver

☐

Advanced Open Water

☐

Dive Master

☐

Assistant Instructor

☐

Instructor

Other (explain)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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3. Speciality Certification

☐

Rescue Diver

☐

Night Diver

☐

Wreck Diver

☐

Search and Recovery

☐

Deep Diver

☐

Medic: First Aid

☐

Cave Diver

☐

Ice

Other (explain)

Date of last certification

D	D	M	M	Y	Y	Y	Y
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4. Number of dives in the last 12 months

☐

Less than 10

☐

10 to 20

☐

More than 20

(provide number)

Locations

5. Total number of dives per year

6. Number of anticipated dives in next 12 months and locations

7. Equipment used

☐

Mask

☐

Snorkel

☐

Fins

☐

Regulator

☐

Octopus

☐

Air pressure gauge

☐

Depth gauge

☐

Compass

☐

Weight belt

☐

Buoyancy compensator

☐

Wet suit

☐

Dry suit

☐

Knife

☐

Glove

☐

Water temp gauge

Other (please list)



8. Usual dive sites

☐

Ocean

☐

Lake

☐

River

Other (please list)

9. Purpose of diving

☐

Recreation

☐

Photography

☐

Scientific

☐

Hunting

10. a) What is the average depth of your dives?

b) What is the deepest level to which you dive?

c) How often do you do this?

11. Do you carry out decompression dives?

Yes

☐

No

☐

If you have answered 'Yes', state your maximum depths and maximum bottom times

12. Date of last dive

D	D	M	M	Y	Y	Y	Y
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13. Total number of dives to date

14. Do you dive alone

Yes

☐

No

☐

If 'Yes', please explain

#### Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unisure office, details of which are available on our website, or get in touch using our email address: [admin.life@unisuregroup.com](mailto:admin.life@unisuregroup.com)

