

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

Identity No./Passport No. Compulsory

Date of birth dd/mm/yyyy

Address

General questions

1 Who awarded your certification as a diver? PADI NAUI YMCA

Other (please state)

Date of last certification

2 Level of certification Basic Open Water Advanced Open Water

Master Diver Dive Master Assistant Instructor Instructor

Other (explain)

Date of last certification

3 Speciality Certification Rescue Diver Medic: First Aid Search and Recovery Cave Diver

Night Diver Deep Diver Wreck Diver Ice

Other (explain)

Date of last certification

4 Number of dives in the last 12 months Less than 10 10 to 20 more than 20 (give number)

Location(s)

5 Total number of dives per year

6 Number of anticipated dives in next 12 months and locations

7 Equipment used

<input type="checkbox"/>	mask	<input type="checkbox"/>	snorkel	<input type="checkbox"/>	fins	<input type="checkbox"/>	regulator
<input type="checkbox"/>	octopus	<input type="checkbox"/>	air pressure gauge	<input type="checkbox"/>	depth gauge	<input type="checkbox"/>	compass
<input type="checkbox"/>	buoyancy compensator	<input type="checkbox"/>	weight belt	<input type="checkbox"/>	wet suit		
<input type="checkbox"/>	dry suit	<input type="checkbox"/>	knife	<input type="checkbox"/>	glove	<input type="checkbox"/>	water temp. gauge

Other (please list)

8 Usual dive sites

<input type="checkbox"/>	ocean	<input type="checkbox"/>	lake	<input type="checkbox"/>	river
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Other (please state)

9 Purpose of diving

<input type="checkbox"/>	recreation	<input type="checkbox"/>	photography	<input type="checkbox"/>	scientific	<input type="checkbox"/>	hunting
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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:

a) maximum depths	<input type="text"/>	b) maximum bottom times	<input type="text"/>
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12 Date of last dive Total dives to date

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 dd/mm/yyyy

UL Scuba Questionnaire 12.16

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

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: administration@unihealthandlife.com