

## Caving & Potholing Questionnaire (to be completed by the member)

Member Full Name.....Date of birth.....

Policy number or scheme name.....

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information. If there is insufficient space please continue your answer on a separate piece of paper.

How many times a year do you go caving?

How many years have you been caving?

Do you ever go caving on your own? YES / NO

Do you go caving outside the UK? YES / NO  
If yes, please provide details.

Do you take part in cave diving? YES / NO

Have you ever had an illness or injury as a consequence of caving? YES / NO  
If yes, please provide details.

Have you or are you likely to participate in any record attempts? YES / NO  
If yes, please provide details.

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they will be entitled to declare this insurance invalid and not pay claims or not fully pay claims.

I undertake to inform the insurers of any changes to the answers and information I have provided (after the declaration has been completed and up to the date it is accepted by the insurers).

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

(Member)

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