

## Sports Diving 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.

Please provide details of where and when you learnt to dive?

Do you hold a qualification from a recognised diving organisation?  
If yes, what is it?

Do you dive professionally? YES / NO  
If no, please move to the next question.  
If yes, please complete a commercial diving questionnaire.

Are you an active member of a diving group e.g. BSAC?  
If yes, please provide details.

What is the average number of dives per annum undertaken in the last 12 months?

Do you envisage this changing in the next 12 months?

What is the average depth you normally dive to?

What is the maximum depth you have dived to?

Do you envisage diving beyond 50 metres? YES / NO

If yes, in what circumstances?

Does your diving involve decompression stops? YES / NO

If yes, how frequently?

Do you engage in saturation diving? YES / NO

If yes, how many times per month?

Do you ever dive unaccompanied? YES / NO

If yes, please give the number of solo dives per month.

Do you always dive as part of a team? YES / NO

If yes, please give the usual number of members in a team.

Where do you dive? (U.K. / Overseas – please state countries and whether deep sea / coastal waters / lakes / rivers etc.)

Do you participate in sports diving? YES / NO

Do you participate in cave diving or wreck diving? (observation, salvage, photographic, or exploration) YES / NO

If yes, please give further details including the type of diving and activities.

For what purpose do you dive? (Photographic, marine biology etc.)

When were you last medically examined for diving purposes? Please provide the date and name of the doctor attended.

Were any restrictions imposed? YES / NO?

If yes, please provide full details.

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).

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