

IMPORTANT INFORMATION

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Underwriting Questionnaire

Commercial Diving

Underwriting Questionnaire

Applicant name	Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Reference	<input type="text"/>		

Please remember that failure to answer the following questions truthfully and accurately may mean that a claim will be declined and the policy cancelled. If you are not sure whether any information is relevant, please disclose it anyway. Where examples are shown, they are not intended to be a complete list.

1. Who is your current employer?

2. Where did you learn to dive?

3. How long have you been diving?

4. Where do you dive? Please state which countries and whether deep sea, coastal waters, lakes or rivers.

5. What is the maximum depth to which you dive?

6. Do you participate in:

a) Construction/ maintenance (coastal waters and docks)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	j) Survey work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Dredging/ salvage (coastal waters and docks)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	k) Miniature submarines (no outside activity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Caves/ mines/ pot holes/ rescue work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	l) Diving Bells/ other submarines (no outside activity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Pits/ quarries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	m) Use of explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Instructor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n) Exploration of seabed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Cable laying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	o) Experimental diving equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Rig maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	p) Underwater photography	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Pipe laying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	q) Diving under ice fields	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) Salvage (deep sea)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

7. Please give full details if you have answered 'YES' to any part of Question 6, including frequency of these details.

8. If you have any further information not covered by the above questions please provide it here.

Declaration

I declare that the answers I have given are, to the best of my knowledge true and that I have not withheld any relevant information that may influence the assessment or acceptance of my application(s).

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and that failure to disclose any material facts known to me may result in any claim being declined and the policy being cancelled.

I agree to inform Legal & General of any change in my circumstances between the date of application and the issue of the policy contract.

Applicant's signature

Date