

HAZARDOUS PURSUITS: RECREATIONAL DIVING.

IMPORTANT INFORMATION

Please remember that if you do not answer the following questions truthfully and accurately it will very likely 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.

Applicant Name

Title	Initials	Surname
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Application Number/Reference

1 Which type of diving do you participate in (e.g. snorkelling, SCUBA)?

2 When and where did you learn to dive?

When	D	D	M	M	Y	Y	Y	Y
Where	<input type="text"/>							

3 Are you an active member of a professional diving association (e.g. BSAC, PADI, SAA)?

Yes No

4 Which qualifications do you hold?

5 What is the average number of dives you participate in each year?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 What is the maximum depth to which you dive?

7 Do you ever dive unaccompanied?

Yes No

8 Do you ever participate in any of the following:

	Yes	No	If you answer 'Yes', please give full details including frequency.
a) Internal exploration of wrecks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Diving in caves or potholes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Diving for treasure or special expeditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d) Using diving bells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e) Depth record attempts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

9 If you have any further information, please provide it here.

DECLARATION

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire are material facts which are taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you mis-state any information it will very likely mean that a claim will be declined and the policy or policies cancelled.

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

Applicant's Signature:

Date: