

Name of Proposed Insured:	Policy No:
Occupation:	Date of Birth: (DD/MM/YY)

1. Have you taken a Government Certified Course? Yes No
 Have you earned your certification? Yes No What year? _____

2. Number of dives per year: _____ When was your last dive? _____

3. To what depths? (a) Average _____ (b) Maximum _____ How often? _____

4. Duration of dives? (a) Average _____ (b) Maximum _____ How often? _____

5. Where do you dive and at what time of year?

6. Purpose of dive, i.e. exploring hunting photography work Others (explain)

7. What selection of equipment are you using?

8. Do you presently belong to a diving club? Yes No

9. Is your equipment serviced regularly? Yes No Frequency: _____

10. Do you ever dive alone? Yes No

I hereby agree that this supplement shall form a part of the application and of the policy issued thereunder, if any, and that it shall be binding on any person or persons who shall have or claim any interest under such policy. I have carefully read the above questions, statements, and answers and all such statements and answers are correctly recorded and are true as written above. I agree that failure to disclose any material fact known to me shall invalidate my insurance.

Dated this _____ day of _____, 20_____

Advisor/ Witness

Signature of Proposed Insured

Applicant (if other than Proposed Insured)

