

# Diving questionnaire

(to be completed by the life to be insured)

## Instructions

Please complete this form to supplement the answers you have given on your application. The information you give may assist us in the assessment of your application.

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

## 1 Personal details

Policy number (if known)

### Full name of life to be insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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## 2 Supplementary questions

2.1 Which of the following diving activity(ies) do you participate in?

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Snorkelling                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scuba                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rebreather Diving              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depth record attempts          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surface Supply Diving          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internal Exploration of Wrecks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Treasure/special expeditions   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Free Diving                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2.2 Please provide full details of your diving qualifications and when and where these were achieved.

2.3 Please advise where you usually dive, e.g. coastal waters, lakes, and in which countries.

2.4 Do you do any cave or pothole diving?  Yes  No

2.5 What is the main purpose of your diving, e.g. pleasure, profession, photography, etc?

2.6 Do you do any competitive diving?  Yes  No

## Supplementary questions (continued)

2.7 What is the average and maximum depth you dive to?

Average depth \_\_\_\_\_

Maximum depth \_\_\_\_\_

If this is more than 40 meters, please state when and how often.

2.8 How often in the last 2 years have you dived unaccompanied?

2.9 How frequently did you go diving in the past year and how often do you intend to in the next year?

Past year \_\_\_\_\_

Next year \_\_\_\_\_

2.10 When were you last medically examined for the purposes of establishing diving fitness?

Date

Please also state name and details of examining doctor.

2.11 Have you ever suffered any illness or injury as a result of your diving activities or have you ever had an accident whilst diving?

Yes  No

If 'Yes', please give details.

2.12 Do you maintain a diving log?

Yes  No

If 'Yes', please send a copy of the most recent entries with this form.

**Thank you for completing this form. Please return it to us with your proposal, or if you prefer, in a sealed envelope.**

## 3 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

## 4 Declaration

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief. I agree that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

### Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

### Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

Signature of life to be insured

Date

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