



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

DIVING (PROFESSIONAL - ARMED SERVICES & COMMERCIAL)

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

PLEASE PROVIDE ACCURATE ANSWERS TO EACH QUESTION

1. When and where did you learn to dive?

2. How long have you been a professional diver?

3. Please provide details of your qualifications/license. include name of qualification and grade:

4. Who is your current employer?

5. When were you last medically examined for the purposes of diving? Were any restrictions imposed? if 'Yes, please provide details:

6. Please provide details of the location of your dives. Please mention the countries where you have dived, and whether these were deep sea, coastal waters, lakes or rivers:

7. Please mention the purpose of your dives. E.g. photography, marine biology etc.:

8. Please choose the types of dives you have been a part of from the options given below:
 - Commercial diving — coastal waters and docks
 - Commercial diving — deep sea
 - Rescue work
 - Instructor
 - Police frogman
 - Army diver
 - Navy diver
 - Rig or ship construction/maintenance
 - Others (please specify) _____
9. Do you participate in any of the following?
 - Wreck diving (observation, salvage, photography or exploration)
 - Cave or pothole diving
 - Treasure trove diving
 - Ice diving
 - Diving at high altitudes, e.g. mountain lakes
 - Depth record attempts
10. Are you involved in any of the following? Please select from the options given below:
 - Ship construction, repair or maintenance
 - Cable laying, rig maintenance or pipe laying
 - Experimental diving or diving at experimental depths
 - Diving under ice fields
 - Saturation diving

11. Please describe your precise duties whilst diving:

- Harbour and bridge construction
- Ship repair
- Marine salvage
- Inspection and pipe laying
- Rescue work
- Rig inspection and repair
- Using explosives
- Instructing others to dive
- Underwater photography

12. Do you ever use explosives? Yes No

13. How many times per month do you dive? _____

14. Please mention the depth of your dives:

(a) Maximum depth to which you dive: _____

(b) Average depth of dives: _____

15. Please mention the length of your dives:

(a) Maximum length of dive: _____

(b) Average length of dives: _____

16. Do you engage in saturation diving? Yes No

If 'Yes', how many times per month? _____

17. Do you always dive as part of a team? Yes No

If 'Yes', how many divers are in the team? _____

If 'No', how many solo dives do you make per month? _____

18. Have you suffered any diving accidents? Yes No

If 'Yes', please provide details: _____

19. Do you also dive for pleasure? Yes No

I hereby declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the company.

Place : _____ Date : _____

Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____

Date: _____

Signature of the Life Insured