

DIVING QUESTIONNAIRE

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

1.1 What type of diving do you participate in?
 Snorkelling SCUBA diving Free diving

1.2 Please provide details of your diving qualifications/certifications:

Qualification	When obtained

1.3 Please provide details of recent dive history and planned diving activities:

	Last 12 months	Next 12 months
Location/s		
Average depth		
Maximum depth		
Number of dives		

1.4 Have you ever participated in, or do you have any plans to participate in any of the following diving activities:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a. Diving alone | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b. Cave or pothole diving | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| c. Internal exploration of wrecks | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| d. Search and rescue diving | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| e. Salvage or clearance diving | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| f. Using underwater explosives | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| g. Abalone diving | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| h. Diving with equipment other than ordinary SCUBA gear | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| i. Diving deeper than 45 meters (150 feet) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you answered YES to any of the above questions, please provide full details including location, dates, frequency and future intentions. If involved in commercial diving please complete the commercial diving questionnaire.

Initials



1.5 Have you ever been involved in a diving incident that required medical attention?

YES

NO

If YES, please provide details including dates:

1.6 Please provide any additional information that you feel is important:

2. Declaration

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statement together with my application shall be the basis of the contract between me and Hollard Life.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Name

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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