

**Underwater Diving Questionnaire**

Title  Surname

Given name(s)

Date of birth  /  /

1 Do you hold a diving qualification?

No

Yes

Type of qualification and time held

2 How many dives do you make per year?

3 What is the average depth of dives?

metres

4 What is the maximum depth of dives?

metres

5 Do you ever dive alone?

No

Yes

6 Do you dive in caves, potholes or dive at night?

No

Yes

Please provide details

7 Do you use mixed gasses to dive?

No

Yes

Please provide details

8 Have you ever had an accident whilst diving or suffered an injury?

No

Yes

Please provide details

**DECLARATION**

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

Signature

Date / /

Please return this completed form to:  
**Smartsave**  
PO Box 1282  
Albury  
NSW 2640