

Diving

Please complete all details.

Please answer the following questions fully and accurately to the best of your knowledge. Failure to provide complete and accurate information may affect the assessment and acceptance of any cover we offer or continue to offer. Please don't assume that we will obtain information from any other sources we may be in contact with.

Any information you provide will be kept in the strictest confidence and will form part of your insurance application.

Once you have completed the relevant section, please read and sign the Declaration at the end of this document. If you run out of space when writing your answers, please continue on a separate sheet of paper, make reference to it in the questionnaire and attach the extra sheets to this document.

Your details

Title Mr Mrs Miss Ms Other

Name in full
(as shown on ID card / passport)

Date of birth (dd/mm/yyyy)

Application number or reference (if known)

A. General information – all diving

1. What are your diving qualifications and experience? (e.g. BSAC, PADI, Royal Navy, etc.)

2. How long have you been diving? Years

3. When were you last medically examined for fitness to dive and what was the result?

4. Have you ever suffered any illness or injury as a result of your diving activities, or have you ever had an accident when diving? Yes No If Yes, please give details.

A. General information – all diving (continued)

5 a) Where do you dive? (e.g. location, countries, inland, coastal, etc.)

b) How many days a year, on average, will you dive?

 summer winter

6 a) To what depths do you dive?

 up to 30m up to 40m over 40m Maximum depth

b) Does your diving include decompression stops? (Apart from the standard 3 minutes at 5 metres end of dive stop.)

 Yes No If Yes, how frequently?

c) Do you ever use mixed gases? (e.g. Nitrox, Heliox, etc.)

 Yes No If Yes, please give details.

7 Do you or are you likely to, engage in experimental diving or record attempts?

 Yes No If Yes, please give details.

B. Professional diving

Please complete this section if you dive, or are likely to dive, as a means of gainful employment.

1 Name of employer.

2 Nature of work (e.g. pipe laying, oil rigs, wrecks, fish farming).

3 What is the maximum length of time spent underwater in any one dive?

 Hours

4 Do you ever use a submersible?

 Yes No If Yes, please give details.

5 Do you use explosives?

 Yes No If Yes, please give details.

C. Sports diving

1 a) What activities do you take part in?

Holiday diving

Internal wreck exploration

Pit or quarry diving

Cave or pothole exploration

Diving bells

Treasure or expedition diving

b) If diving for any other reason than holiday diving only, please provide full details including frequency, location and full circumstances.

2 Do you ever dive alone and if so, in what circumstances?

Yes

No

If Yes, please give details.

Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at <https://www.fpinternational.com/legal/privacy-and-cookies> or can be obtained by requesting a copy from our Data Protection Officer.

Declaration

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in a policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature

Date

I give explicit consent to capture and process my medical/lifestyle data.

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