

Personal details

Name of person covered

Plan number
(if known)

Date of birth / /

Date of application / /
(if applicable)

When did you learn to dive?

Year

Are you an active member of a diving club, for example BSAC?

- No
 Yes (please give details)

Do you hold a formal diving qualification, for example BSAC sports diver?

- No
 Yes (please give details)

What is the average number of dives you make each year?

What is the average depth you dive to?

What is the maximum depth you have dived to?

Have you ever dived to a depth of more than 50 metres?

- No
 Yes

Please tell us how often and under what conditions

Do you ever dive solo?

- No
 Yes (please give details)

Sports diving questionnaire

Do you use mixed gas equipment?

- No
- Yes (please give details)

Where do you normally dive?

- UK
- Overseas (please give details)

Please describe where you dive

Tick all that apply

- deep sea
- coastal
- lakes
- rivers
- other (please give details)

For what purpose do you dive?

Do you take part in the internal exploration of wrecks?

- No
- Yes (please tell us how often and under what conditions)

Do you take part in cave or pothole diving?

- No
- Yes (please give details)

Sports diving questionnaire

Do you take part in any of the following?

Tick all that apply

- treasure trove diving
- ice diving
- diving at high altitudes, for example in mountain lakes
- depth record attempts

Do you ever dive for profit or reward?

- No
- Yes (please give details)

When were you last medically examined for diving purposes?

Date / /

Were any restrictions placed on your diving as a result of this examination?

- No
- Yes (please give details)

Have you ever suffered any illness or injury as a result of diving?

- No
- Yes (please give details)

Declaration

I declare that:

- the answers above are true to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- this questionnaire will form part of the application to Bright Grey
- the contract may be invalidated if I do not disclose any important information that is known to me.

Signature

Date

/ /

Please return this form to:

Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG