

Professional Diving Insurance Commercial Diving Questionnaire

Please complete this form so that we can confirm in writing whether we can extend cover and at what price and conditions. The standard IDA Professional Diving Insurance policy covers qualified divers when they are at work only when:

- a. Instructing or guiding divers.
- b. Undertaking archaeological, oceanographic, marine biology or other similar scientific diving activities in support of scientific research or educational instruction.
- c. Undertaking direct or support media or journalistic activities for the commissioning or production of articles, still photography, video or film.

No insurance cover is or can be provided for the liability or legal expenses that could arise out of any other commercial diving activities or services offered or provided by you

If we are provided with sufficient information and explanations we will consider extending Section 1 of the policy (Diving Emergency Medical Expenses and Repatriation, Death and Disability cover) whilst you are work or carrying out commercial diving activities.

We will not however extend section 1 and 2 of the policy for divers at work at nuclear or chemical facilities. If you are seeking covers which we are indicating above that we cannot accept for the moment, you may however wish to provide us with details of any such activities or services, to have your details if and when such insurance cover may be offered in the near future.

All questions must be fully answered

1. Applicant/s Details

Name & Surname _____ DAN ID _____

Passport No. or ID No. _____ D. O. B. _____

Website Address _____ Tel. _____

Email Address _____

Postal Address _____

City _____ ZIP code _____

Country _____

2. Information about your Diving Work

Please state the countries and/or their territorial waters where you will be diving in:

Country	(territorial) waters

Do you work as a freelance (self-employed) diver? YES NO

If you have ticked "No", please provide the details of your employer/contractor:

3. Diving Experience

SATURATION EXPERIENCE

Name of the Company	Total hours in SAT

OPEN BELL SYSTEM* EXPERIENCE

**List only IMCA Compliant system's Experience*

Name of the Company	Total dive time with open bell

SURFACE SUPPLIED SYSTEM EXPERIENCE

	Helmets		Gas used	
	Total number of dives	Total bottom time (min)		
0 - 10 m			Air	Mixed gases
10 - 20 m				
20 - 30 m			Air	Mixed gases
30 - 40 m				
40 - 50 m			Air	Mixed gases
Deeper than 50				

SURFACE SUPPLIED SYSTEM EXPERIENCE

	Hookah			
	Total number of dives	Total bottom time (min)		
0 - 10 m			Gas used Air <input type="checkbox"/> Mixed gases <input type="checkbox"/>	
10 - 20 m				
20 - 30 m				
30 - 40 m				
40 - 50 m				
Deeper than 50			Air <input type="checkbox"/>	Mixed gases <input type="checkbox"/>

SURFACE SUPPLIED SYSTEM EXPERIENCE

	Band Mask			
	Total number of dives	Total bottom time (min)		
0 - 10 m			Gas used Air <input type="checkbox"/> Mixed gases <input type="checkbox"/>	
10 - 20 m				
20 - 30 m				
30 - 40 m				
40 - 50 m				
Deeper than 50			Air <input type="checkbox"/>	Mixed gases <input type="checkbox"/>

SCUBA EXPERIENCE

	Open Circuit			
	Total number of dives	Total bottom time (min)		
0 - 10 m			Gas used Air <input type="checkbox"/> Mixed gases <input type="checkbox"/>	
10 - 20 m				
20 - 30 m				
30 - 40 m				
40 - 50 m				
Deeper than 50			Air <input type="checkbox"/>	Mixed gases <input type="checkbox"/>

SURFACE SUPPLIED SYSTEM EXPERIENCE

List of band masks that have been used (such as KM-28)

List of helmets that have been used (such as KM-37)

4. Information about your Diving Work

As a diver at work (employed or self-employed) please describe the type of work you undertook last year and your estimate of the work you will be undertaking next year. Please also describe the equipment or tools used in your work:

Please advise us of the type of working dives you;

	have made in the last 12 months?	estimate for the next 12 months?	What tools or Equipment do you use during these dives?
<input type="checkbox"/> Commercial diving instruction/tuition			
<input type="checkbox"/> Pool or aquarium			
<input type="checkbox"/> Pool or helicopter dunker			
<input type="checkbox"/> Fish Farming			
<input type="checkbox"/> Scallop, pearl, coral harvesting			
<input type="checkbox"/> Inshore (specify below)			
<input type="checkbox"/> Military Service			
<input type="checkbox"/> Public Service			
<input type="checkbox"/> Stunts and event			

5. Loss History

Can you provide details of any diving accident/s, whether insured or not that you have been involved in these last 10 years?

Date	Loss Details	Amount of Loss or Paid by Insurer

(If more space is required please use a separate sheet)

6. List of certifications

Please provide the following documents and mark the form accordingly:

		Certification	Attach copy
<input type="checkbox"/>	LIST of HSE and HSE recognised certificates		
<input type="checkbox"/>	LIST of IMCA recognised certificates		
<input type="checkbox"/>	LIST of IDSA recognised certificates		
<input type="checkbox"/>	LIST of ADCI recognised certificates		
<input type="checkbox"/>	Speciality and first aid certificates such as: DMT, DAN courses, helicopter rescue, Offshore survival, Non destructive tests, etc		
<input type="checkbox"/>	Last Medical Certificate issue date; country		
<input type="checkbox"/>	List of any other recognised certificates		

7. Declaration

I have read the contents of this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and International Diving Assurance Ltd. I confirm that I have disclosed all Material Facts and agree to read the policy and be bound by the terms, conditions, limitations and exclusions of the said policy.

Material Facts are those facts which are likely to influence the insurer in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for own protection you should disclose it since failure to do so could invalidate your policy.

Period of Insurance _____

Name of Applicant _____

Email address of Applicant _____

Signature of Applicant _____

Date _____