LIFE INSURANCE CORPORATION OF INDIA DIVING QUESTIONNAIRE (Occuaption Code -003 & 008)

Proposal No: Name of the Proposer:

1	Do you dive professionally / as an amateur / for pleasure?	
2	For how long have you been engaged in diving?	
3	Did you undergo special training for diving? If yes, please state	
	a. Name and Address of the Training Institute	
	b. Your qualification / grade	
4	Are you a member of any Diving Club? If yes, state	
	Name and address of the Club	
5	Who is your current employer?	
6	Do you use any equipment for diving? If yes, state Make & Model of	
	equipment	
7	Where do you normally dive?	
	a. Countries / states ,	
	b. Whether in deep sea, coastal waters, rivers, lakes	
8	Please describe your precise duties whilst diving?	
9	Do you ever use explosives?	
10	How many dives do you make per month?	
11	Depth of dives	
	a. Maximum depth to which you dive	
	b. Average depth of dives	
12	Length of dives	
	a. Maximum length of dive	
	b. Average length of dive	
13	Do you engage in saturation diving?	
14	Do you dive as a part of a team or solo?	
	a. If part of a team –How many divers are in the team?	
	b. If solo – How many solo dives do you make per month?	
15	Have you ever suffered from any complaints during or after diving or	
	had an accident while diving? If yes,	
	a. On what date	
	b. Nature and duration of symptoms	
	c. Nature and duration of treatment	
	d. Any sequelae	
	e. Name and address of the Institution / Hospital /Doctor who	
	treated you	
16	Do you undergo regular medical check-up? If Yes, Name and address	
	of the Institution /Hospital / doctor where these check-up are	
	conducted	
17	Were you ever advised to abstain from diving as a result of medical	
	check ups? If yes, give details	

	16	Do you undergo regular medical check-up? If Yes, Name and address of the Institution /Hospital / doctor where these check-up are conducted		
	17	Were you ever advised to abstain from diving as a result of medical check ups? If yes, give details		
I		check ups: ii yes, give details		
		DECLARATION		
	l	do hereby declare that the foregoing statements and		
		ers are true in every particular and agree and declare that these statements and this declaration		
	_	with my Proposal for Insurance and the Declaration relative thereto shall form the basis of the		
	contract between me and the Life Insurance Corporation of India and that if any untrue averment be			
		ined therein the said contract shall be absolutely null and void and moneys which shall have been		
	paid i	n respect thereof shall stand forfeited to the Corporation.		
	Dated	d aton theday of20		
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	C:	A. we of the 1 if a to be accounted		
	Signa	ature of the Life to be assured		