

COMMERCIAL DIVING QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

1.1 If you scuba dive, do you participate in?

Scientific diving Submersibles – no outside work Pipe laying Police diving Saturation diving

Survey work only Salvaging – deep sea Salvaging – other than deep sea Cable laying

Construction – deep sea Construction – other than deep sea Diving instruction Customs/ports diving

Demolition diving Marine harvesting Oil rig diving Underwater photography or camera work

1.2 Do you expect your duties to change in the future? YES NO

If YES, provide details? _____

1.3 How frequently do you expect to dive in the next 12 months? _____

1.4 Date of your last dive

D	D	M	M	Y	Y	Y	Y
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1.5 a. Date of your last dive medical

D	D	M	M	Y	Y	Y	Y
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b. Name of doctor who performed the medical _____

1.6 To what depth do you normally dive? _____ metres

1.7 If you dive deeper than 60 m, what is the maximum depth of the dives you expect to undertake? _____ metres

1.8 Do you ever dive with explosives? YES NO

1.9 In which areas do you dive? If outside the borders of South Africa, list the countries

2. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured) _____

Date

D	D	M	M	Y	Y	Y	Y
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