

**LIFE INSURANCE CORPORATION OF INDIA**

**DIVING (ARMED SERVICES AND COMMERCIAL) QUESTIONNAIRE**

Proposal No \_\_\_\_\_

Form No. LIC03 - 506

Name of Life to be assured \_\_\_\_\_

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 Name and Address of the Training Institute 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? Countries / states 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 Maximum depth to which you dive Average depth of dives	
12. Length of dives	

Maximum length of dive Average length of dive	
13. Do you engage in saturation diving?	
14. Do you dive as a part of a team or solo? If part of a team – How many divers are in the team? 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	
16. Name and address of the Institution / Hospital / Doctor who treated you	
17. Do you undergo regular medical check-up? If Yes, Name and address of the Institution / Hospital / doctor where these check-up are conducted	
18. Were you ever advised to abstain from diving as a result of medical check ups? If yes, give details	

### DECLARATION

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along 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 contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation

Address

Signature of the Life to be assured

In case the Proposer is illiterate:

1. This declaration should be made by the person filling in the form:

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

Address of the Declarant

Signature

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2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in \_\_\_\_\_(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant

Signature

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