

Supplementary Personal Statement

Diving questionnaire

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Details of life insured

Application/Policy number(s) if known

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Doctor ☐ Other

Surname Given name(s)

Date of birth (dd/mm/yyyy) / /

Please answer the following questions

1. Are you an amateur or professional diver? ☐ Amateur ☐ Professional

If professional, state nature of work, employer and whether or not you use explosives:

2. What equipment do you use? Scuba, snorkel or other? ☐ Scuba ☐ Snorkel ☐ Other

If **other**, please specify:

3. Do you dive in caves, wrecks or sinkholes? ☐ Yes ☐ No

If **yes**, please provide details including locations:

4. What is the average depth you dive? Metres

5. What is the maximum depth you dive? Metres

a) How often would you dive to this depth?

6. What diving qualifications do you have? ☐ P.A.D.I. ☐ N.A.U.I. ☐ F.A.U.I. ☐ Other

If **other**, please specify:

7. Do you usually dive alone or in company? ☐ Alone ☐ Company

8. How long have you been diving? Months Years

9. How many dives have you undertaken in the last two years?

10. Have you ever suffered an accident or medical condition related to diving? ☐ Yes ☐ No

If **yes**, please give full details:

11. Have you ever engaged in or do you anticipate engaging in record attempts, free diving, testing, or other unusual dangerous activities? ☐ Yes ☐ No

If **yes**, please give full details:

Declaration

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by Zurich, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy or by calling Customer Care on 133 667.

If I have provided information (including health and other sensitive information) about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give Zurich personal information about someone else, I understand that Zurich requires me to inform the person concerned that I have done so and direct them to Zurich's Privacy Policy which is located at our website zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by Zurich and their related entities.

Name of life insured

Signature

Date (dd/mm/yyyy)

/ /

Zurich
Email: group.risk.uw@zurich.com.au
Website: zurich.com.au
GPO Box 4129, Sydney NSW 2001