

Diving Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. Are you an amateur or professional diver? If professional, please state the nature of work undertaken.

2. How long have you been diving and what diving qualifications/training do you possess?

3. Do you belong to any diving clubs or professional diving organizations?

4. Please indicate the type of diving you engage in (e.g. scuba, saturation):

5. Where and with what purpose do you usually dive (e.g. in shore, of shore lakes, rivers, rocky areas; exploration, salvage, sport, etc.)?

6. Please state:

- a) Normal depth of dive:
- b) Maximum depth obtained:
- c) Normal duration of dive:
- d) Maximum duration of dive:

7. If you dive in excess of 50 meters, will suitable decompression facilities be readily available?

8. Have you ever been medically examined specifically for the purpose of establishing diving fitness? If so, please indicate when and by whom:

9. Have you ever suffered any illness or injury as a result of your diving activities, or have you ever had an accident while diving?

10. Do you use explosives?

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

Signature over printed name of Proposed Insured

Date