

HAZARDOUS ACTIVITIES SUPPLEMENTARY PERSONAL STATEMENT



Please check all details, then complete the relevant areas of the form and return it to:
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

Personal Statement

Full Name: Date of Birth:

Proposal Number: Dated:

1. Do you participate in any hazardous activity or pursuit? No Yes ▶ *If Yes, please give certification.*

2. Name of hazardous activity or pursuit:

3. How long have you participated in this activity?

4. How many times did you participate in this activity in the last year?

5. Are you a member of a club or association?

6. Are you a certified instructor?

7. Please advise the number of hours you engaged in this activity in the last 12 months?

8. How often do you intend to participate in the future?

9. Have you ever competed in this activity? No Yes ▶ *If Yes, please give details.*

10. Do you intend to participate alone or in a group?

11. Where do you normally participate in this activity (geographically)?

12. What safety precautions are taken?

13. Do you have any plans to become a professional? No Yes ▶ *If Yes, please give details.*

14. Please disclose maximum heights, speeds, and length of time you have participated in this activity?

Maximum Height	Speed	Length of time Participated in Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Please advise full details including the engine size and model of any cars, motorbikes, boats, planes or other equipment used.

Equipment Used	Type	Engine Size
<input type="checkbox"/> Cars <input type="checkbox"/> Motorbike <input type="checkbox"/> Boat <input type="checkbox"/> Plane <input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cars <input type="checkbox"/> Motorbike <input type="checkbox"/> Boat <input type="checkbox"/> Plane <input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cars <input type="checkbox"/> Motorbike <input type="checkbox"/> Boat <input type="checkbox"/> Plane <input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>

16. Do you receive any reward, in prizes, sponsorship or payments for your involvement in this activity? No Yes
▶ *If Yes, please give details.*

17. Are you involved in any record attempt? No Yes ▶ *If Yes, please give details.*

18. The following specifically apply for Underwater Activities: (a) Please tick () one box. Are you an amateur or professional diver?

Amateur

Professional – Please state nature of work

(b) What kind of training have you had and with which organisation? ▶ *Please give full details including level of qualification*

(c) Are you a member of any club or organisation? No Yes ▶ *If “yes”, state name and address.*

(d) What kind of diving do you engage in? (*Please state certification and attach certificate*)

Scuba

Snorkel

Hookah**

Other (Please state)

(e) How long have you been diving?

Years

Months

(f) Who do you usually dive with? Alone In a pair in a group

(g) Where do you usually dive? Please tick ()

Close to shore Off shore Rocky waters Lakes Rivers

(h) Please advise on the following:

(i) average number of dives per year

(ii) average depth of dives

(iii) average duration of dive

(iv) maximum depth of dives

(i) How often do you dive deeper than 35 metres?

(j) Do you intend to change the scope of your diving activities in the future? No Yes ▶ *If “yes” please give details.*

(k) When were you last examined for the purpose of establishing diving fitness? Please state name and address of examining doctor and results of examination.

(l) Have you ever suffered any illness or injury as a result of diving or have you been involved in any accident while diving?

No Yes ▶ *If “yes” please give full details of nature of illness/injury, duration, treatment, sequelae, etc. Please indicate name and address if physician consulted.*

Declaration

I declare that the answers I have given above are true and complete and I have not withheld any information that may influence the assessment of acceptance of this proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at:

Notes:

- Hazardous activity or Pursuit-includes motor racing, martial arts, parachuting, motor boat racing, mountaineering, rock climbing and abseiling.
- Hookah means any compressor and its related ancillary equipment required for divers for pressures greater than one atmosphere absolute.
- It also includes a surface supply, breathing apparatus (SS BA UNIT – Surface supply Breathing Apparatus Unit a set of equipment as per definition above).