

# Water Sport

## Questionnaire

Including canoeing and kayaking, diving, jet skiing, rowing, surfing, swimming, water skiing, windsurfing and boardsailing.



Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Full name

### 1. Do you participate in any of the following water sports?

- |                                      |                          |     |                          |    |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| Canoeing/kayaking                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Wild water canoeing/kayaking/rafting | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diving (Board)                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diving (Cliff)                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Jet skiing                           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Rowing                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Surfing                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Swimming                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Water skiing                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Windsurfing/boardsailing             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### 2. In which capacity do you usually participate in any of the above sport(s): pleasure only or competition, amateur, instructor or professional?

### 3. How often do you participate in each of the above events in a typical year?

### Declaration:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

(In own handwriting)

Name of the Applicant

X

Signature

Signature of Applicant

Date