

# Sports and Pastimes Statement

Complete sections of this form as appropriate to your circumstances

Surname of the life to be insured

Given name(s)

## SCUBA OR SKIN DIVING

Specify diving qualifications held

  


| Dive history  | Depth in metres | No. of times p.a. |
|---------------|-----------------|-------------------|
| Average depth |                 |                   |
| Maximum depth |                 |                   |

Do you use explosives while diving?

No  Yes  Give details

  
  


Do you dive in caves, potholes or wrecks?

No  Yes  Give details

  
  


Do you intend to change the scope of your diving activities?

No  Yes  Give details

  
  


Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

  
  
  
  
  


## MOTORSPORTS (CAR, BIKE, BOAT)

Specify type of motorsport and type of vehicle

Engine size

Maximum speed

Times per annum

Period

Type of competition

Amateur  Professional

Specify type of events, categories of racing

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

  
  
  


## FOOTBALL

Code of game played e.g. rugby union/league, soccer

Type of competition

Amateur  Professional

Times per annum

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

  
  
  


## MOUNTAIN CLIMBING / ABSEILING / CAVING

Specify type of activity

Times per annum

Location where activity is conducted

Indoor  Outdoor

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

**OTHER ACTIVITIES**  
*e.g. Boxing, Skiing, Bungy Jumping, Sky Diving*

Specify type of activity

Type of competition

Amateur  Professional

Times per annum

Please specify additional information you think we may need to know. Include details of any injuries you have suffered.

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**DECLARATION AND SIGNATURE**

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

**X**

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*Please return the completed form to:*  
**TOWER Australia**  
**GPO Box 5380**  
**Sydney NSW 2001**