



Insurance form

1. Please fill out all the details on this form.
2. After completion fax to 03-5463226 or scan and send to info@seatelaviv.co.il. Upon receipt of the form, we will verify the details and issue you a temporary insurance card that will be sent to the address on this form. If for some reason we cannot verify the details you'll be notified by email.

I declare that I am in good health and that all the information on this form is correct.
An insurance policy summary will be sent to your home address by next month.

Diver details:

Name: _____ Middle name: _____

Surname: _____

Sex (circle): M / F

ID/passport number: _____ Date of Birth: ____/____/____

Home Phone: _____ Cell: _____

E-mail: _____@_____._____._____

Address:

Street: _____ No: _____ City: _____

Zip code: _____

Date of certification: ____ / ____ / _____

Certification level: _____

Number of logged dives: _____

Name of dive club where certified: _____

Payment amount:

195 nis – standard diving insurance valid for a year in Israel, Jordan and Egypt
(including handling fee of 10 nis).

Payment:

Name of card holder (First and Last): _____

Card Type: Visa Isracard/MasterCard American Express Diners Other

Card number: - - - -

CVV (digits on the back of the card):

Expiration date (month and year): /

passport number _____

Home phone number: _____ Cell: _____

Date: ___/___/_____ Signature: _____

An invoice and insurance card will be provided after confirmation of payment by the credit card company.