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"I have been a dive professional for over 30 years. Diving is safe, but let's face it, accidents do happen sometimes and, when they do, I am glad DAN Asia-Pacific is there. I'm a DAN AP Member. You should be too." - **Col McKenzie, Director of SE Asian Operations, SSI Australasia**

Membership & Insurance Application Form (Australia)

Thank you for choosing to support dive safety by becoming a DAN Member.

THIS APPLICATION IS FOR DAN MEMBERSHIP PLUS OPTIONAL DIVE INJURY INSURANCE FOR RESIDENTS OF AUSTRALIA

Membership includes Emergency Evacuation, Alert Diver Subscription, TravelAssist Benefits & more. Optional Dive Injury Insurance plans offer insurance for treatment and certain other costs associated with covered dive accidents.

If you would like to apply for Membership only please [click here](#) and you will be redirected to the appropriate application.

Otherwise please continue with your application.

All applicants for Membership & Insurance must be Australian Nationals or long-term residents of Australia for at least 12 months.

The fields marked with an * are mandatory fields and must be completed in order for the application to be processed.

If you are applying based on a referral from a Dive Centre or Instructor, please enter their Referral Code (if you know it):

DAN Asia-Pacific Membership

Please select Your DAN Asia-Pacific Membership Preference.

- * **Membership Type**
- ☐ Individual Membership (AUD\$66)
- ☐ [Family Membership](#) (AUD\$93.50)

Primary Applicants Details

* Surname/Family Name	<input type="text"/>
* First Name	<input type="text"/>
Other Name (e.g. Your Middle Name)	<input type="text"/>
* Date of Birth (DDMMYYYY)	<input type="text"/>
* Email	<input type="text"/>
Home/Mobile	<input type="text"/>
Work Phone	<input type="text"/>
* Nationality	<input type="text"/>
* Residential Address (must be in Australia)	<input type="text"/>
* Suburb	<input type="text"/>
* State	<input type="text"/>
* Post Code/Zip	<input type="text"/>
* Country	<input type="text"/>

Mailing Address

NOTE: A mailing address located outside Australia will incur an additional AUD\$10 postage charge.

- Same as Residential Address
- ☐ Yes
- ☐ No

**Other current
health/injury/travel
insurer**

Medical Condition, Significant Injury or Decompression Illness (DCI)

If You, or a Family Member listed below (if you are applying for a Family Membership), have a medical condition or have had a significant medical condition, injury or previous decompression illness (DCI) this needs to be declared.

Do you have anything to declare?

- ☐ Yes
☐ No

*** 50 YEARS OF AGE OR
OLDER?**

- ☐ Yes I am 50 Years of Age or Older
☐ No I am Not 50 Years of Age or Older

Primary Applicants Optional Dive Injury (Treatment) Insurance Requirements

Select your required level of Dive Injury (Treatment) Insurance from the drop down list below. **Please note that the Standard Plan which has previously been offered is no longer available. This plan had limited coverage and we felt it better served our Members to only provide more comprehensive options**

(Note: Optional Dive Injury Insurance is in addition to DAN AP Membership. If no option is selected we will assume you are applying for Membership only, which covers Evacuation but does not cover the treatment costs associated with a covered diving accident. [CLICK HERE](#) to review the policy options available.)

**Select Your Dive Injury
(Treatment) Insurance
Requirement:**

Family Applicant 1 Details

First Name Applicant 1

Surname/Family Name

**Date of Birth
(DDMMYYYY)**

Nationality

**Relationship to Primary
Member**

**Select Your Dive Injury
(Treatment) Insurance
Requirement:**

Family Applicant 2 Details

First Name Applicant 2

Surname/Family Name

The dropdown box here will now list:
* No insurance
* Master Plan
* Preferred Plan

**Date of Birth
(DDMMYYYY)**

Nationality

**Relationship to Primary
Member**

**Select Your Dive Injury
(Treatment) Insurance
Requirement:**

The dropdown box here will now list:

- * No insurance
- * Master Plan
- * Preferred Plan

Family Applicant 3 Details

First Name Applicant 3

Surname/Family Name

**Date of Birth
(DDMMYYYY)**

Nationality

**Relationship to Primary
Member**

**Select Your Dive Injury
(Treatment) Insurance
Requirement:**

The dropdown box here will now list:

- * No insurance
- * Master Plan
- * Preferred Plan

Family Applicant 4 Details

First Name Applicant 4

Surname/Family Name

**Date of Birth
(DDMMYYYY)**

Nationality

**Relationship to Primary
Member**

**Select Your Dive Injury
(Treatment) Insurance
Requirement:**

The dropdown box here will now list:

- * No insurance
- * Master Plan
- * Preferred Plan

Member Offers

Please note these offers are only available at the time of application

Check the boxes to select the books you would like to order.

[CLICK HERE](#) for reviews of each book.

- ☐ **Book 1 - Dangerous Marine Creatures**
Only AUD\$37.00 incl. postage & GST
- ☐ **Book 2 - First Aid and Emergency Care**
AUD\$20.00 incl. postage & GST

- ☐ **Book 3 - Assessment of Diving Medical Fitness for Divers & Instructors**
AUD\$55.00 incl. postage & GST
- ☐ **Book 4 - Basic First Aid: At Home + At Work**
AUD\$11 incl. postage & GST
- ☐ **Book 5 - BONUS PACKAGE : First Aid for Hazardous Marine Life Injuries PLUS DAN Dive Logbook / First Aid Guide**
Both Books only AUD\$11.00 incl. postage & GST
- ☐ **Book 6- Scuba Diving Safety**
AUD\$41 incl. postage & GST

Fast Processing Option

- ☐ Check this box for Fast Processing (AUD\$11 fee. [Fast Processing Option](#)).

Payment Details

Entering your credit card number incorrectly will delay the processing of your application. Please ensure you enter your full and correct credit card number.

- * **Credit Card Type**
- ☐ Visa
- ☐ Mastercard
- ☐ Amex
- * **Credit Card Number**
- * **Expiry Date (MMYY)**
- * **Cardholder's Name**

Who Most Influenced Your Decision to Join DAN?

Membership and Insurance are annual for 12 months from the date of activation. Membership and premium prices are shown in Australian dollars (AUD\$). Your membership and insurance are not activated until acceptance and processing by DAN AP and confirmation of valid payment. Payment must accompany application. Processing time is within 1 week unless [Fast Processing](#) is requested. Please allow sufficient time for your local postal services to deliver your Membership Pack, which may take several weeks depending on your location. Please ensure that your membership is arranged in advance of an anticipated trip.

Availability of services and benefits for evacuation or injury commences on acceptance of an application for membership of DAN AP. The applicant is required to complete the

application fully and in good faith. No cover is provided for any evacuation, medical, paramedical or other injury benefits resulting from or materially contributed to, directly or indirectly by any diving or other activity in which the applicant engaged prior to and up to the time of acceptance of the application by DAN AP, regardless of the date on which any claim for cover is made by or on behalf of the applicant.

NOTE: 10% GST, the relevant stamp duty and administration fee are included in the prices of all memberships and insurances in Australia, as appropriate.

DAN AP ABN 67 066 827 129 (Corporate Authorised Representative Licence No. 269340) is an Authorised Representative of Marsh Advantage Insurance Pty Ltd (ABN 31081 358 303, AFSL. 238 369). A [Financial Services Guide](#) is available from DAN AP and on this website which provides important information about DAN AP's relationship and is intended to assist you in your decision whether to use any of our services.

General Advice Warning – It is important that you understand and are happy with the policy DAN AP can arrange for you. DAN AP can give you general information to help you decide but cannot advise you on whether the terms are specifically appropriate for your individual objectives, financial situation or needs. DAN AP therefore recommends that you should carefully read the relevant Product Disclosure Statement and other information DAN AP provides before deciding.

DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of matters:

- that diminish the risk to be undertaken by the insurer,
- that are of common knowledge,
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

If you enter into a contract of insurance on behalf of any related subsidiary or related company of the named insured, that subsidiary or related company has the same duty of disclosure as the named insured. You agree to act on behalf of all insureds under this insurance.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning. PLEASE NOTE THAT YOUR DUTY APPLIES ALSO WHEN YOU RENEW, AMEND, ALTER, VARY OR ENDORSE A POLICY.

UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other honestly and fairly, avoiding any attempt

to deceive in assuming and performing contractual obligations. Failure to do so on the part of the insured may permit the insurer to refuse to pay a claim or to cancel the policy.

Product Disclosure Statement

A Product Disclosure Statement is available for this product. You should obtain a copy of the PDS and consider the statement before making any decision about whether to acquire the product. To obtain a copy of the PDS contact DAN AP or [click here](#) to download a copy . This product is underwritten and issued by Certain Underwriters at Lloyds.

By submitting this form the proposed Insured Person states as follows:

1. All Applicants for insurance in this form are Australian Nationals or will legally reside in Australia for at least one year.
2. I am the Insured Person and I have read and understood the questions in this form. In particular I understand the Duty of Disclosure to the Insurer as outlined on this website.
3. I acknowledge that the Insurer will rely on the statements in this form and other qualified persons in relation to this insurance in deciding whether to issue cover. I acknowledge that the Insurer will have no liability whatsoever until it accepts this application.
4. I declare that each statement that I make to the Insurer in relation to this insurance and this form is true and correct. I acknowledge that the information requested and contained in this form will be held in accordance with the Information Privacy Amendment (Enhancing Privacy Protection) Act 2012
5. I declare that I have read the Product Disclosure Statement and Financial Services Guide and agree to the conditions outlined.

☐ *** I am the Membership & Insurance Applicant and have completed the application form correctly and in good faith. I have read and understood the DAN Asia-Pacific Membership & Insurance Terms and Conditions.**

If you do not instantly receive a "Thank You" message upon selecting the Submit Application button you have not completed all the mandatory fields on the application form. You need to scroll back through the form, complete all the incomplete sections identified with the words "Required Field", then re-select the Submit Application button.

Marsh Advantage Insurance (AFSL 238 369, ABN 31 081 358 303) has appointed Divers Alert Network (DAN) Asia-Pacific Ltd (ABN 67 066 827 129)(iDANi) as its authorised representative (AR No. 269 340) to arrange the Dive Injury Insurance Plans. The Dive Injury Insurance Plans are issued by Marsh & McLennan Agency Pty Ltd (AFSL 238 984, ABN 33 000 668 584) under a binding authority on behalf of the insurer, certain underwriters at Lloyd's. Please refer to the Product Disclosure Statement and Policy Wording for full details of the terms, conditions and limitation of the covers before making any decision about whether to acquire the product. This website contains general information, does not take into account your individual objectives, financial situation or needs and may not suit your personal circumstances. DAN arranges the Travel Assist Benefits independently of Marsh Advantage Insurance Pty Ltd. DAN TravelAssist services are provided under a service contract with Travel Guard of Stevens Point, WI, USA. Service Fees and/or premiums for DAN TravelAssist are paid from DAN membership dues

INCIDENT PREVENTION + INCIDENT MANAGEMENT + INCIDENT
PROTECTION



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