IndiaFirstLife

FISHING QUESTIONNAIRE

Application No: _____

Name of life to be assured: _____

1. Does your Occupation Involve going to Sea _____
   (Or is it likely to do so in Future, If Yes Please complete the rest of Questionnaire) Yes ☐ No ☐
2. What is the tonnage of vessel in which you work _____ tones/kgs
3. What is the length of vessel on which you work [tick (v) wherever applicable]
   < 24m (80 ft) ☐ 24 - 40m (80 - 130ft) ☐ > 40m (130ft) ☐
4. Which of the following 2 groups your duties fall into?
   Group A - Skipper/Officer, Mate (Second Hand), Engineer Fireman, Greaser, Mechanic, Stoker, Cook, Galley hand Radio officer. ☐
   Group B - Deckhand/Fisherman, Spare hand, Bosun (Third hand) Trainee fisherman/deckhand ☐
5. Have you had any accidents or Illness associated with your duties (If Yes please give the details of the same) Yes ☐ No ☐

_____

_____

I here by agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date: _____

Place: _____

_____
Signature of the life to be assured/Proposer