IndiaFirstLife

MARINE QUESTIONNAIRE

Application No: | | | | | | | | | | |

Full Name of life to be assured: | | | F | I | R | S | T | | | | | | | | | | | | | | | | | L | A | S | T | | | | |

1. What is your exact occupation? (If you are involved in more than one occupation, please state all your occupations.)

2. Give a description of nature of work performed in your occupation.

3. Does your occupation involves going to sea or is it likely to do so in future? Yes ☐ No ☐

4. Which of the following types of vessel do you work on?
   - ☐ Ocean liner
   - ☐ Passenger vessel/ferry
   - ☐ Cable and pipe-laying vessel, factory ship, oil rig barge or supply ship
   - ☐ Barge, dredger, lighter, lightship, tug or weather ship
   - ☐ Cargo vessel
   - ☐ Other (please specify)

5. What percentage of your duties is of a manual or physical nature? %

6. Does your duty involve:
   (a) Lifting or moving heavy goods. If yes, please provide full details. Yes ☐ No ☐
   (b) Operation of cranes. If yes, please state the type of cranes you operate. Yes ☐ No ☐
   - ☐ Jib crane
   - ☐ Mobile crane
   - ☐ Overhead crane
   - ☐ Derrick crane
   - ☐ Gantry crane
   - ☐ Portainer crane
   - ☐ Tower crane driver
   - ☐ Any other (Please specify):

   © Working at depths or at heights: (If yes please state the maximum height and depth involved and equipment used to get to the height or depth) Yes ☐ No ☐

   (D) High Voltages: (If yes please give details) Yes ☐ No ☐

   (E) Do you handle electrical equipments? Yes ☐ No ☐
   (If so, state the nature of Equipments, Voltage generated & nature of your work)

7. Has the type of work you do ever effected your health? (If yes, please give full details) Yes ☐ No ☐

8. Have you ever had an accident while performing the above duties? (If yes, please give full details) Yes ☐ No ☐

9. What safety measures are available while you are at work?

10. Please state any other facts regarding your occupation, which you consider important.

I hereby agree that the forgoing questions and answers shall form part of the proposalfor insurance made by me to the Company.

Date: D D M M Y Y Y Y

Place:

Signature of the life to be assured/Proposer