IndiaFirstLife

MINING QUESTIONNAIRE

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

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

1. Are you employed in Mining Industry? Yes ☐ No ☐
   (If yes please give the type of mine & the exact nature of your work)

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

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

4. Do you participate in any manual aspect of mining Yes ☐ No ☐
   Which of the following types of mining are you involved in?
   - ■ Coal
   - ■ Potash, rock-salt, gypsum, tin
   - ■ Clay and stone working

5. Are you involved in open cast mining? Yes ☐ No ☐

6. What percentages of your duties are of a manual or physical nature? _____ %

7. Does your duty involve:
   (A) Lifting or moving heavy goods. If yes, please provide full details. Yes ☐ No ☐

   (B) Working underground 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 ☐

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

   (D) Working around Furnace: (If yes please give details) Yes ☐ No ☐

   (E) Do you handle heated or molten metal's or work around molten metals? (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)

(F) Do you handle or remain exposed to fumes, gases, acids, dyes, or any other chemicals? Yes ☐ No ☐
(If yes, please state which gas, acid, chemicals, dyes or nature of work)

(G) Do you handle or carry explosives or super vise the work of persons carrying explosives? Yes ☐ No ☐
(1f yes, please give full details)

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

9. Have you ever had treatment for any respiratory complaint? If yes, give details. Yes ☐ No ☐

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

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

12. 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 proposal for 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