

OCCUPATION QUESTIONNAIRE

Application No:

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

1. Name of the Employer
2. Industry in which working and experience in this industry.
3. Please mention the Exact daily duties performed in workp lace
4. Does your job require you to operate any machinery, Boiler, Furnace, Crane? (If yes please provide details of the same.) Yes No
5. Does your job requires you to drive vehicles Yes No
(If yes please provide the details of the vehicles and the purpose for which it is used)
6. Does your job requires you to stay out of office Yes No
(If yes please provide the purpose of outdoor visit)
7. Does your job requires you to work in Heights / Underground Yes No
(If yes please provide details and the Height / Depth at which the work is performed)
8. Does your job handling electrical equipment or high voltages Yes No
(If Yes state the maximum voltage generated and the nature of work and whether operated Directly or by remote control)
9. Please provide the percentage of manual intervention required to perform your work.
10. Has the type of work you do ever effected your health. (If yes please give full details) Yes No
11. Does your duty involve lifting or moving heavy Goods Yes No
If yes please give full details
12. Do you handle or remain exposed to fumes, gases, acids, dyes, Yes No
(If yes please give full details)

13. Do you carry any explosives or supervise the work of persons carrying explosives? Yes No
(If yes please give full details) _____

14. 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