

OIL REFINERY QUESTIONNAIRE

Application No:

Full name of Life to be assured:

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. Are you based offshore or do you expect to be based offshore in the future?

4. Do you ever travel to and from rigs by helicopter?

Yes No

5. What percentages of your duties are of a manual or physical nature?

6. Does your duty involve:

(a) Lifting or moving heavy goods.

Yes No

(b) Working underground or at heights:

Yes No

(If yes please state the maximum height and depth involved and equipment used to get to the height or depth)

(c) High Voltages: (If yes please give details)

(d) Working around Furnace, High Temperature: (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)

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

8. Have you ever had an accident while performing the above duties (If yes, please give full details)

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 proposal for insurance made by me to the Company.

Date:

Place:

Signature of the life to be assured/Proposer