

MARINE 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. 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 proposal for insurance made by me to the Company.

Date:

Place:

Signature of the life to be assured/Proposer