

Merchant Marine Questionnaire

(To be filled by the Life Insured)

Name of the Life Assured:	
Proposal No:	

Please give full and accurate answers to each question

1. Exact Designation: _____
2. Name of employer: _____
Country: _____
3. Country of registration of ship / vessel: _____
4. What is your exact occupation? (If you are involved in more than one occupation, please state all your occupations): _____

5. Give a description of nature of the work performed in your occupation. _____

6. What type of license do you hold? Please provide us with the license no. (Kindly attach a copy of the same): _____

7. Total no. of years of experience? _____

8. What is your usual location? _____

9. Countries visited / docked at in last three years
a _____ b _____ c _____
10. Which of the following types of vessel do you work on?
☐ Ocean liner
☐ Passenger Vessel/ferry
☐ Cargo Vessel
☐ Barge, dredger, lighter, lightship, tug or weather ship
☐ Cable and pipe-laying vessel, factory ship, oil rig barge or supply ship
☐ Others (Please specify) _____
11. What percentage of your duties is of a manual or physical nature? _____

12. Does your duty involve working at high temperatures - boilers, furnace, and oil rigs?
 - a) Lifting or moving heavy goods. Yes ☐ No ☐
If 'Yes', please provide full details.

 - b) Operation of cranes. Yes ☐ No ☐
If 'Yes', please state the type of cranes you operate.

 - c) Working at depths or at height: Yes ☐ No ☐
If 'Yes', please state the maximum height and depths involved and equipments used to get to the height or dept.

 - d) Do you handle electrical equipments? Yes ☐ No ☐
If so, state the nature of equipments, voltage generated and nature of your work.

 - e) Deep Sea diving: Yes ☐ No ☐
If 'Yes', please provide details of the same & safety measures involved?

 - f) Carrying / lifting heavy loads? Yes ☐ No ☐
If 'Yes', please provide details of the same & safety measures involved?

g) Working with engines and heavy machinery: Yes ☐ No ☐

If 'Yes', please provide details of the same & safety measures involved?

h) Working with hazardous substances: Yes ☐ No ☐

If 'Yes', please provide details of the same & safety measures involved?

i) Working outside in the extremes of the weather: Yes ☐ No ☐

If 'Yes', please provide details of the same & safety measures involved?

13. Has the type of work you do ever effected your health? Yes ☐ No ☐

If 'Yes', please give full details.

14. In the last 2 years have you been away from your usual location for more than one month? Yes ☐ No ☐

If 'Yes', please give details.

15. Have you ever had an accident while performing the above duties? Yes ☐ No ☐

If 'Yes', please give full details.

16. Which safety measures are available while you are at work?

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

I hereby declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the company.

Date : _____

Place : _____

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place : _____

Date : _____

Signature of the Life Insured