

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