

## Occupation Questionnaire

(To be filled by the applicant)

Name of the Life Insured:	
Proposal Number:	

Please give full and accurate answers to each question.

1. What is your principal occupation? \_\_\_\_\_
1. Please give a short description of work performed or supervised: \_\_\_\_\_
2. Describe any hazardous aspect: \_\_\_\_\_
2. What industry do you work in? (employed or under contract or attached on a temporary basis)
  - a. Name industry / type of work performed \_\_\_\_\_
  - b. Full Name of the Organization / Employer \_\_\_\_\_
  - c. Department \_\_\_\_\_
  - d. Designation \_\_\_\_\_
3. What are the principal duties of your occupation and where do you perform these duties?

Sedentary/Administration	Duties % of time	Describe specific duties	Location
Light manual work			
Site visits/Inspections			
Supervising manual work			
Heavy manual work			
Work /Visits in underground mines			
Office work only			

- 4 Does your occupation involve any of the following (please tick appropriate answer)

	Description	Answer	If Yes, provide details.
a)	Do you drive heavy vehicles, trucks or lorries, dumpers, cairns, loading / unloading vehicles at port, dry port, at construction site, at demolition site etc? If 'Yes', Mention type of vehicle Nature of work Mention if it Localized or requires change of location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)	Working underground or underwater. If 'Yes', mention nature and purpose of work done.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Working at heights over 10 meters. If 'Yes', mention height and for what purpose you have to climb the height.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d)	Handling electrical equipments or High voltages? If 'Yes', state the maximum voltage generated and the nature of work and whether operated directly or by remote control.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	If you are employed in mining industry? If 'Yes', state the type of mine. Whether you work underground.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Working around furnace/ smelter/ boiler? If 'Yes', indicate usual temperature at your place of work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g)	Handling heated or melted metals or work around molten metals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h)	Handling or remaining exposed to fumes, gases, acids, corrosives, poisons, dyes or any other chemicals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i)	Handling or carrying explosives or supervise the work of persons who carries explosives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j)	Grinding, buffing, polishing, galvanizing, dipping or tinning, gas welding or cutting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

k)	Working on any construction site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l)	Lifting or moving heavy goods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m)	Fishing in sea water. If 'Yes', indicate coastal or deep sea.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Has the nature of your work ever affected your health? Yes  No

If 'Yes', please give full details. \_\_\_\_\_

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

If 'Yes', please give full details. \_\_\_\_\_

7. What safety measures are available while you are at work? \_\_\_\_\_

8. Please state any other facts regarding your occupation, which you consider important: \_\_\_\_\_

I declare the above answers 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 my proposal.

I agree that the above information will constitute part of my proposal for life Insurance .

Place : \_\_\_\_\_ Date : \_\_\_\_\_

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