

Oil and Natural Gas Questionnaire

(To be filled in by the Life Insured)

Name of the Life Insured:	
Proposal No.:	

Please give full and accurate answers to each question; (employed or under contract or attached on a temporary basis)

- a) Name of the industry: _____
 - b) Full Name of the Organization / Employer: _____
 - c) Department: _____
 - d) Designation: _____
1. What is your exact occupation? (If you are involved in more than one occupation, please state all your occupations and exact nature of work)

 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? Yes No
If 'Yes', please provide details of location: _____
 4. Do you ever travel to or from rigs by helicopter? Yes No
If 'Yes', how many hours per annum? _____
(Also, complete an aviation questionnaire)
 5. Do you travel overseas (outside national waters)? Yes No
If 'Yes', please give full details. _____
 6. What percentage of your duties are of manual or physical nature? _____
 7. Does your duty involve?
 - a. Lifting or moving heavy goods or handling explosives. Yes No
If 'Yes', please provide full details. _____
 - b. Working underground/underwater or at height: Yes No
If 'Yes', please state the maximum height and depths involved and equipments used to get to the height or depth.

 - c. Working with high voltages/around furnace: Yes No
If 'Yes', please give details. _____
 - d. Do you handle electrical equipments? Yes No
If so, state the nature of equipments, voltage generated and nature of your work. _____
 - e. Do you handle heated or molted metals or work around molten metals? Yes No
If 'Yes', please give details. _____
 - f. Do you handle or remain exposed to oils fumes, gases, acids, dyes or any other chemicals. Yes No
If 'Yes', please provide the details & nature of work. _____
 8. Has the type of work you do ever affected your health? Yes No
If 'Yes', please give details. _____
 9. Have you ever had treatment for any respiratory complaint or any medical issue while working? Yes No
If 'Yes', give details _____

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

If 'Yes', please give full details. _____

11. What safety measures are available while you are at work?

a.) _____

b.) _____

c.) _____

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

a.) _____

b.) _____

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