

MARINE QUESTIONNAIRE
(QUESTIONS TO BE FILLED BY LIFE TO BE ASSURED)

Full name of life to be assured : _____ Age : _____
 Proposal number / Application number : _____ Advisor code number : _____

1. What is your exact occupation? (If you are involved in more than one occupation, please state all your occupations rank and typical duties.)

2. Give a description of nature of work performed in your occupation.

3. Does your occupation involve going to sea or is it likely to do so in future?

4. Which of the following types of vessel do you work on?
 Ocean liner
 Passenger vessel/ferry
 Cargo vessel
 Barge, dredger, lighter, lightship, tug or weathership
 Cable and pipe-laying vessel, factory ship, oil rig barge or supply ship
 Other (please specify) _____
5. What percentage of your duties is of 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): _____
 - (c) 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? (If so, state the nature of equipments, Voltage generated & nature of your work) Yes No

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 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 agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date & Place: d d m m y y y y / _____ Signature of the Life to be Assured / Proposer.