ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Fireman

Application No. | | | | | | | | | | | Abha ID:

Name of Proposer (Policy Owner):

Name of Life Assured (Person being insured by the policy)

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete occupation details as required in the questionnaire below. Suppressing occupation related information or providing incorrect information may impact the claims payout.

Occupational Details of Life Assured

1. **Please confirm your exact designation.**

2. **Give exact details of your duties.**

3. **Which of the following describes your role?**

   ☐ Volunteer ☐ Professional ☐ Administrative Staff Only

4. **Do you practise any of the following interventions?** Yes ☐ No ☐

   ☐ Forest Fire Operations ☐ Underwater Operations ☐ Mountain Rescue Including Helicopter And/Or Technical Climbing

   ☐ Aircraft Or Helicopter Operations ☐ Climbing Operations (Except mountain rescue) ☐ Speleological (cave) Operations

   ☐ Landmine or explosive removal

5. **Confirm number of operations per year.**

6. **Do you work full-time in a chemical or nuclear plant?** Yes ☐ No ☐

7. **Have you sustained any other occupational illness or injury at your workplace?** Yes ☐ No ☐

   Incident detail - Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer