ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Mine Industry

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 and exact nature of duties**
(for e.g. mine manager, mine foreman, miner, driller, short firer, machine operator etc.)

2. **Please specify the type of mine you work in ?** (Mandatory selection with min 1 but multiple selection allowed)
   - ☐ Placer Mine
   - ☐ Hydraulic Mine
   - ☐ Hard Rock Mining
   - ☐ Open Pit Mining/Open Cast Mining
   - ☐ Any other (if ticked then mandatory free text)

3. **Does your work involve surface/ground activity only?** Yes ☐ No ☐
(if Yes then mandatory free text)

4. **Are you involved in extraction of radioactive material, non-radioactive materials, fuels (except oil and gas), coal, ores (metals, trace elements etc.) ?** Yes ☐ No ☐
(if Yes then mandatory free text)

5. **Does your work involve use of heavy power tools (e.g. jackhammer) or machinery, lifting of heavy weights (>10 kgs) for more than 20% of time----** (if Yes then mandatory free text)

6. **Does your work involve handling or carrying explosives or supervising work that involves explosions at site?** Yes ☐ No ☐
(if Yes then mandatory free text) (Type of explosives used, training received, and frequency)

7. **Have you ever had an accident while performing the above duties-** Yes ☐ No ☐ (if Yes then mandatory free text)
(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