ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Oil, Rig and Natural Gas / Petrochemical

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 state your specific occupation/ designation-**

2. **Please confirm exact details of your duties (Nature of work, materials used, location of activity)**

3. **How do you normally travel to the rig ?** (Mode of transport to rig - e.g. Helicopter, Boat, Car or combination)

4. **Frequency of travel to rig ?**

5. **Does your work include use of explosives?** Yes ☐ No ☐
   (Type of explosives used, training received, and frequency)

6. **Are you working on – shore?** (Mandatory selection with min 1 but multiple selection allowed)
   - ☐ In workshop or control room only
   - ☐ On exploration site, on drilling site
   - ☐ On transport or pipelines installation
   - ☐ In refinery or petrochemical site
   - ☐ In chemistry, scientific and technical research
   - ☐ Others

7. **Do you currently, or do you expect to ever work off-shore?** Yes ☐ No ☐
   (if Yes then mandatory free text) (Frequency, duration per visit, and type of duties offshore)

8. **Have you ever had an accident while performing the above duties-** 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