

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: /

Signature of the Life to be Assured / Proposer.