



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

ARMED FORCES QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured _____
Application Number _____

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. Which branch of the Armed Services do you belong to? Army Navy Air Force Other (please specify) _____
2. Please state your
 - i. Division: _____
 - ii. Designation: _____
3. Please provide details of the nature of your duties:
 - i. Current posting: _____ Duration of posting: _____
 - ii. Are you under assignment? Yes No
If 'Yes', please mention the location: _____
 - iii. Are you under orders for operational or field posting at a sensitive location or location with an ongoing crisis in your upcoming assignment
 Yes No
4. Are you engaged in any hazardous activities, e.g. aviation, diving, parachuting, bomb disposal or special service groups? Yes No
5. Do you handle weapons, Yes No If 'Yes', please specify _____
6. Are you currently involved in any special assignment? Yes No
If 'Yes', please provide details and mention the length of service: _____
7. Have you suffered any accident/injury/illness due to your daily duties? Yes No
If 'Yes', please mention the type of accident/injury/illness: _____
8. Please provide details of when, where and how the injury occurred and the intensity of the injury: _____

9. How many days were you away from work as a result of the injury? _____
10. Please provide any additional information that you think will be helpful in processing your application:

Declaration by the Life Insured:

I hereby declare and agree that the above particulars/answers are complete and true and this questionnaire will form information provided by the life assured are complete and part of the contract of the desired insurance on my life true to the best of my knowledge

Place: _____ Date: _____

B. Declaration by Superior

Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured