



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

MINING QUARRYING QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Proposal No:

Designation:

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. What is your exact occupation? (If you are involved in more than one occupation, please state all your occupations)

2. Give a description of the type of work and exact nature of work performed in your occupation

3. Are you involved in open cast mining or underground mining?

Yes No

4. Do you participate in any manual aspect of mining?

Yes No

If 'Yes', please state the type of mining you are involved in:

U Coal U Potash, rock-salt, gypsum, tin

U Clay and Stone U Others (Please specify)

5. What percentage of your duty is of manual or physical nature?

6. Does your duty involve?

a. Lifting or moving of heavy articles

Yes No

If 'Yes', please provide full details.

b. Operation of cranes.

If 'Yes', please state the type of cranes you operate.

Yes No

c. Working underground or at height:

Yes No

If 'Yes', please state the maximum height and depths involved and equipments used to get to the height or depth

d. Working with high voltages/around furnace:

Yes No

If 'Yes', please give details.

7. Do you handle electrical equipments?

Yes No

If so, state the nature of equipments, voltage generated and nature of the sport?

8. Do you handle heated or molted metals or work around molten metals?

Yes No

If 'Yes', please give details.

9. Do you handle or remain exposed to fumes, gases, acids, dyes or any other chemicals ?

Yes No

If 'Yes', please provide the details & nature of work.

10. Do you handle or carry explosives or supervise the work of people who carries explosives. Yes No

11. Has the type of work you do ever affected your health? Yes No
If 'Yes', please give details.

12. Have you ever had treatment for any respiratory complaint? Yes No
If 'Yes', give details

13. Have you ever had an accident while performing the above duties? Yes No
If 'Yes', please give full details.

14. Which safety measures are available while you are at work?

15. 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 assessment or acceptance of this application. I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the company.

Date : _____

Place : _____

Signature of 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