



**FUTURE  
GENERALI**

**TOTAL INSURANCE SOLUTIONS**

## OIL AND NATURAL GAS QUESTIONNAIRE

### TO BE FILLED IN BY THE LIFE INSURED

Name of the Life Insured: \_\_\_\_\_  
 Proposal Number: \_\_\_\_\_

### PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

Employed or under contractor attached on a temporary basis

- a) Name of the industry: \_\_\_\_\_  
 b) Full Name of the Organization / Employer: \_\_\_\_\_  
 c) Department: \_\_\_\_\_  
 d) Designation: \_\_\_\_\_

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

\_\_\_\_\_

2. Give a description of nature of work performed in your occupation.

\_\_\_\_\_

3. Are you based offshore or do you expect to be based offshore in the future?  Yes  No

If 'Yes', please provide details of location: \_\_\_\_\_

4. Do you ever travel to or from rigs by helicopter?  Yes  No

If 'Yes', how many hours per annum? \_\_\_\_\_

(Also, complete an aviation questionnaire)

5. Do you travel overseas (outside national waters) ?  Yes  No

If 'Yes', please give full details. \_\_\_\_\_

6. What percentage of your duties are of manual or physical nature ? \_\_\_\_\_

7. Does your duty involve?

a. Lifting or moving heavy goods or handling explosives.  Yes  No

If 'Yes', please provide full details. \_\_\_\_\_

b. Working underground/underwater 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.

\_\_\_\_\_

c. Working with high voltages/around furnace:  Yes  No

If 'Yes', please give details. \_\_\_\_\_

d. Do you handle electrical equipments?  Yes  No

If so, state the nature of equipments, voltage generated and nature of your work. \_\_\_\_\_

\_\_\_\_\_

e. Do you handle heated or molted metals or work around molten metals?  Yes  No

If 'Yes', please give details. \_\_\_\_\_

\_\_\_\_\_

f. Do you handle or remain exposed to oils fumes, gases, acids, dyes or any other chemicals.  Yes  No

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

\_\_\_\_\_

8. Has the type of work you do ever affected your health?  Yes  No

If 'Yes', please give details. \_\_\_\_\_

\_\_\_\_\_

9. Have you ever had treatment for any respiratory complaint or any medical issue while working ?  Yes  No  
 If 'Yes', give details \_\_\_\_\_  
 \_\_\_\_\_

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

11. What safety measures are available while you are at work?  
 a) \_\_\_\_\_  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_

12. Please state any other facts regarding your occupation, which you consider important.  
 a) \_\_\_\_\_  
 b) \_\_\_\_\_

I declare the above answers 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 my proposal.

I agree that the above information will constitute part of my proposal for life Insurance.

Place: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
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 Life Insured