



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

OCCUPATION QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured: _____
 Proposal Number: _____

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. What is your principal occupation? _____
 1. Please give a short description of work performed or supervised: _____

 2. Describe any hazardous aspect: _____

2. What industry do you work in? (employed or under contract or attached on a temporary basis)
 - a. Name industry / type of work performed _____
 - b. Full Name of the Organization / Employer _____
 - c. Department _____
 - d. Designation _____
3. What are the principal duties of your occupation and where do you perform these duties?

Sedentary/Administration	Duties % of time	Describe specific duties	Location
Light manual work			
Site visits/Inspections			
Supervising manual work			
Heavy manual work			
Work/Visits in underground mines			
Office work only			

4. Does your occupation involve any of the following(please tick appropriate answer)
 - a) Do you drive heavy vehicles, trucks or lorries, dumpers, cairns, loading / unloading vehicles at port, dry port, at construction site, at demolition site etc? Yes No
 If 'Yes', Mention type of vehicle Nature of work Mention if it Localized or requires change of location. _____
 - b) Working underground or underwater. Yes No
 If 'Yes', mention nature and purpose of work done. _____
 - c) Working at heights over 10 meters. Yes No
 If 'Yes', mention height and for what purpose you have to climb the height. _____
 - d) Handling electrical equipments or High voltages? Yes No
 If 'Yes', state the maximum voltage generated and the nature of work and whether operated directly or by remote control. _____
 - e) If you are employed in mining industry? Yes No
 If 'Yes', state the type of mine. Whether you work underground. _____

f) Working around furnace/ smelter/ boiler? Yes No

If 'Yes', indicate usual temperature at your place of work. _____

g) Handling heated or molted metals or work around molten metals. Yes No

h) Handling or remaining exposed to fumes, gases, acids, corrosives, poisons, dyes or any other chemicals. Yes No

l) Handling or carrying explosives or supervise the work of persons who carries explosives. Yes No

j) Grinding, buffing, polishing, galvanizing, dipping or tinning, gas welding or cutting. Yes No

k) Working on any construction site Yes No

l) Lifting or moving heavy goods. Yes No

m) Fishing in sea water. Yes No

If 'Yes', indicate coastal or deep sea. _____

5. Has the nature of your work ever affected your health? Yes No

If 'Yes', please give full details. _____

6. Have you ever had an accident while performing the above duties? Yes No

If 'Yes', please give full details. _____

7. What safety measures are available while you are at work? _____

8. Please state any other facts regarding your occupation, which you consider important: _____

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