



Application #

Agent #

OCCUPATIONAL QUESTIONNAIRE

Proposed Life Insured (Last name, First name, Middle name)

Date of Birth (mm/dd/yy)

1. What is your occupation? If more than one, state all occupation with employer's name.
2. Give brief description of the nature of work performed.
3. Has your health ever been affected by the type of work you do?

QUESTIONS	YES	NO	Details to "YES" Answer
4. Do your duties involved:			
a. Lifting or moving heavy goods?			
b. Working underground or at heights?			
c. High voltage?			
d. Working with chemicals, gases, and explosives?			
e. Working with any type of equipment?			
f. Working on board vessels?			
g. Regular travel in a private owned or chartered aircraft?			
h. A regular shift or changeable			
5. Have you ever had an accident while performing the above duties?			

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree they shall form a part of my application and become part of any contract of insurance issued in consequence of such application.

Dated at _____ this _____ day of _____, 20 _____.

 Signature over Printed Name of **WITNESS**

 Signature over Printed Name of **PROPOSED LIFE INSURED**