

Occupational Supplementary Statement

This questionnaire should be completed by the person to be assured.

Full name:

Proposal No.:

Date of birth:

Please answer each question and where appropriate provide particulars.

1. Please state your specific occupation(s) and describe the nature of your work:

2. Does your work involve

- a) Lifting or moving heavy goods?
- b) Working underground or at heights?
- c) Working with chemicals or gases?
- d) Working with radioactive substances?
- e) Regular travel?
- f) Regular shifts or changeable working hours?
- g) Working with or near explosives?
- h) Working with high voltage?

3. Have you ever suffered from any illness or injury as a result of your work?

4. Do you intend to change the nature of the work you perform in the next twelve months?

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

N7212
Signature of the person to be assured

Date

Place