

OCCUPATION QUESTIONNAIRE

Name :
Proposal :

Please complete each section that applies to your occupational activities.

Occupation activities (to be completed by all)

Please provide % of work activity in each category, the total of all activities being 100%

Office, administrative and management duties *not including any manual activity such as lifting or moving office equipment, PCs or electrical items.* _____%

Manual or physical activity *e.g. lifting or carrying objects other than very light materials, outdoor activity at construction sites, in countryside, etc.* _____%

Use of machinery or tools *e.g. mechanics equipment, drilling, grinding or other electrical or powered machines.* _____%

Driving *where required as part your occupation.* _____%

Working at heights

What is the maximum height at which you work? _____Metres

What is the average height at which you work? _____Metres

Please provide details of the type of structures/ sites where you work at heights

Working below ground

What type of underground work do you carry out?

What is the maximum depth at which you work? _____Metres

What is the average depth at which you work? _____Metres

Does the underground work involve the use of diving or other special equipment? (If Y please give details)

Use of Explosives

Do you use explosives? (If Y please provide full details of the type, manner of use and the safety precautions taken)

I declare that the answers to the above questions are true and complete (including any statements written down at my dictation). I understand that failure to give true and complete answers to the above questions could result in Zurich Life rejecting all or part of any claim which may arise. I agree that this declaration shall be incorporated with and form part of the original proposal and that failure to disclose any material fact known to me may invalidate the contract. If you are in any doubt as to whether certain facts are material, these facts should be disclosed.

Signature of the Life Insured: _____ Date: _____