



## Occupational Questionnaire

Application Reference Number

**This questionnaire must be completed by the Life Insured.**

### Particulars of Life Insured

First Name(s)

Last Name

Date of birth

### Details of Employment

Profession

Name of employer

Nature of firm's activity

Does your work include any of the following?

Manual activities

Use of explosives

Use of helicopters

If you have answered 'Yes' to any of the above, please provide further information.

### Onshore Work

Do you currently work onshore?

Yes

No

If 'Yes', please specify the location of your work.

In a workshop or control room only

In chemical, scientific or technical research

On a transport or pipeline installation

In a refinery or petrochemical site

On an exploration site/on a drilling site

State in which country/ies you perform this work.

Nature of work:

Material used:

Products used:

Products used:

### Offshore Work

Do you currently/do you expect in the future to work offshore?

Yes No

If 'Yes', on what sort of installation do you work?

Work barges (except drilling) Fixed platforms Mobile platforms

If you work on mobile platforms, please specify which type

Jack-up Submersible Semi-submersible Drill ship  
Drill barge Other

If 'Other', please specify:

What is the location of the rig/platform where you work?

North Sea Asia Gulf of Mexico Gulf of Mexico  
North, South or Central America Other

If 'Other', please specify:

Are you a:

Diver Helicopter pilot

Depth of dives:

< 80 m < 80 m

Have any accidents occurred during the course of your professional duties?

Yes No

If 'Yes', please specify the following:

Dates and circumstances:

Nature and site of injuries:

Any stay in hospital, and details of any surgical operation or procedure:

Nature and duration of treatment administered:

Persisting disability:

Please provide any other material information related to your occupation not already disclosed:

#### Declaration by Life Insured

I declare that the above information is true and complete, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

I authorise Unilife to share this information with its agents, reinsurers and any approved professional organisations involved in the assessment of the Proposal

I understand that if there are any changes to any of the conditions stipulated above, before the Start Date of the Contract of Insurance, then I must inform Unilife of these changes.

Signature

Date

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If you require any further details, please ask your financial adviser.  
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:  
[administration@unihealthandlife.com](mailto:administration@unihealthandlife.com)