MINING AND TUNNELLING QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

Does your job involve the manual aspects of mining or tunnelling?

☐ No

☐ Yes

If No, you do not need to fill in this questionnaire but please sign it and send it back to us.

If Yes, please tell us which your job involves.

☐ Mining (please fill in Section 1 of this form and then sign the declaration)

☐ Tunnelling (please fill in Section 2 of this form and then sign the declaration)

☐ Mining and tunnelling (please fill in the whole form)

SECTION 1 - MINING

What type of mining are you involved in?

☐ Coal

☐ Potash, rock salt, gypsum, tin

☐ Clay and stone

Are you involved in open cast mining?

☐ No

☐ Yes

What percentage of your mining duties are of a manual or physical nature?

Have you had any accidents associated with your job?

- [ ] No
- [ ] Yes

Please give details.

Have you ever had any treatment for any respiratory complaints?

- [ ] No
- [ ] Yes

Please give details.

SECTION 2 - TUNNELLING

Do you use compressed air or explosives?

- [ ] No
- [ ] Yes

Please give details.

What percentage of your tunnelling duties are of a manual or physical nature?

Have you ever had any accidents or illnesses associated with your job, including respiratory complaints?

- [ ] No
- [ ] Yes

Please give details.

What is your occupation?

- [ ] Borer
- [ ] Conveyor operator
- [ ] Driller
- [ ] Foreman below ground
- [ ] Manhole maker
- [ ] Power loader operator
- [ ] Roof bolter
- [ ] Shot firer
- [ ] Timber man
- [ ] Tunnel miner
- [ ] Other

Please give details.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: