WORKING OFFSHORE QUESTIONNAIRE

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

Are you based offshore, or do you expect to be in the future?

☐ No

☐ Yes

Please give details.

Do your duties ever involve underwater work?

☐ No

☐ Yes

Please give details.

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

Can your occupation be described as any of the following?

Tick all that apply.

- [ ] Cathead man
- [ ] Construction superintendent
- [ ] Derrickman
- [ ] Driller
- [ ] Field superintendent
- [ ] Flame cutter
- [ ] Floorman
- [ ] Pipefitter
- [ ] Pumpman
- [ ] Rig electrician
- [ ] Rig mechanic
- [ ] Rigger
- [ ] Roughneck
- [ ] Roustabout
- [ ] Scaffolder
- [ ] Topman
- [ ] Watchman
- [ ] Welder-cutter
- [ ] Well pusher
- [ ] Wireline operator

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: