

Occupational questionnaire for merchant marine

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title

Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

DDMMYYYY

1. Please state your exact job title?

2. Please list all of your duties

3. On what type of vessel do you work?
(e.g. freight or cargo ship, barge, tug,
dredger, tanker, ferry, ocean liner)

4. What is the length of the vessel?

5. What is the crew number?

6. Where is the vessel registered?

7. What ports do you visit?

8. Have you ever had an accident or
sustained an injury whilst carrying out
your duties?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date