

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:

Location of activity
(for example, in a laboratory):

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 Middle East
 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

UL Occupation Questionnaire 1.17

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