

**LIFE INSURANCE CORPORATION OF INDIA**

**ARMY PERSONNEL QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Form No. LIC03 - 501

Name of the Life to be assured in full \_\_\_\_\_

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| <p>1. Give particulars regarding the branch of the Defence Forces, Regiment, etc. to which you belong and your present rank.</p>  |  |
| <p>2. a. Are you, at present, engaged in</p> <ul style="list-style-type: none"><li>i. any flying duties as a Pilot or member of aircrew or other duties requiring you to remain aboard an aircraft otherwise than as a passenger for the purposes of transport</li><li>ii. duties as a Paratrooper</li><li>iii. duties as a Glider Pilot</li><li>iv. duties as a member of aviation operating personnel or ground personnel</li></ul> <p>b. Were you engaged in the past in any of the duties mentioned under (a) above, and if so, are you likely or liable to return to the same in future?</p> <p>c. Have you undergone or are you now undergoing training for any of the duties mentioned under (a) above?</p> <p>d. Have you, under the terms and conditions of your service, any special liability to engage in Aviation, Gliding, Parachuting, Bomb disposal, Special Service group, mine laying, etc.</p> <p>N.B.: The liability referred to herein is not the general liability imposed on all Defence Service Personnel in terms of which they can be called upon to take up any type of work in any of the Defence Services.</p> |  |
| <p>3. Are you a member of any Flying or Gliding Club? If so, state:</p> <ul style="list-style-type: none"><li>i. whether you are undergoing training in flying, or gliding or whether you have completed such training?</li><li>ii. The number of flights made per annum</li></ul>  |  |

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| <p>N. B. In addition to the duties to be performed by you as a member of Armed Services, in case your duties require you to engage yourself in any other hazardous duties such as in</p> <ul style="list-style-type: none"> <li>a. Manufacture and / or reconditioning of Ammunitions,</li> <li>b. construction work requiring use of explosives and / or compressed air,</li> <li>c. welding and spray painting,</li> <li>d. handling Electrical equipments carrying a voltage of &amp; over and / or working at heights,</li> <li>e. handling or remaining exposed to fumes, gas, acids or other chemicals,</li> <li>f. driving trucks or lorries or,</li> <li>g. any other hazardous occupation,</li> </ul> <p>a separate Occupational Query Form (Form No. LIC03 - 500) should also be completed in addition to completing this form.</p> |  |
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**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation

Address

Signature of the Life to be assured

In case the Proposer is illiterate:

1. This declaration should be made by the person filling in the form:

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

Address of the Declarant

Signature

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2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him

I hereby declare that I have explained the contents of this form to the proposer in \_\_\_\_\_(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant

Signature

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