

**LIFE INSURANCE CORPORATION OF INDIA****QUERIES REGARDING OCCUPATION****Divisional Office****Proposal No.****Agent's Name****Branch Office****Agent's Code**

(Answers to be filled in legible, Answers must be given in words. Strokes of the pen or dots or dashed will not be accepted as replies)

Name of the Proposer.....  
(In BLOCK LETTERS)

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**A. PLEASE STATE:**

- |  |     |
|--|-----|
| (a) Full name of the employer<br>(Please do not use abbreviations)         | (a) |
| (b) Department in which you work   | (b) |
| (c) Your designation or occupation   | (c) |
| (d) Full details of the nature of your duties                              | (d) |
| (e) If you are a supervisor, nature of work done under<br>Your supervision | (e) |
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**PLEASE ANSWER THE QUESTIONS**

- |  |         |
|--|---------|
| 1. (a) What is the usual temperature during working hours<br>of the place where you work?                                | (a)     |
| (b) Do you work around a furnace?  | (b)     |
| (c) Do you handle heated or molten metals or work<br>around molten metals?   | (c)     |
| 2. (a) Do you do grinding, buffing, polishing,<br>galvanizing, dipping, picking or thinning?                             | (a)     |
| (b) If so, state which operation?  | (b)     |
| 3. Do you handle electrical welding or cutting?  |         |
| 4. (a) Do you handle electrical equipment ?  | (a)     |
| (b) If so, state (I) the nature of equipment   | (b) i.  |
| ii) the voltage generated or carried   | ii.     |
| iii) nature of your work?  | iii.    |
| 5. (a) Do you operate switch boards?   | (a)     |
| (b) If so, state (I) the maximum voltage controlled  | (b) (I) |
| (ii) whether operated by direct or<br>remote control   | (ii)    |
| 6. (a) Are you required to climb poles or work at heights?   | (a)     |
| (b) If so, state for what purpose  | (b)     |
| 7. Do you do spray painting?   |         |
| 8. (a) Do you handle or remain exposed to fumes of<br>gases, acid, dyes or other chemicals?                              | (a)     |
| (b) If so state which gas acids chemical or dye and the<br>nature of your work   | (b)     |
| 9. (a) (I) Do you handle or carry explosive or supervise<br>the work of persons carrying explosives?                     | (a) (I) |
| (ii) If so, state the type of explosives and nature of<br>your work.   | (ii)    |
| (b) If you do not handle explosives at what distance<br>from the place of your work are explosives<br>handles or stores? | (b)     |

(c) Do you work in salvage and reconditioning department? (c)

- 10 If you are employed in mining industry, state
- (i) the type of mine (I)
  - (ii) whether you work underground (ii)
  - (iii) the average hours of underground work per week (iii)
  - (iv) your designation and the nature of your duties (iv)

11. Do you drive Trucks or Lorries?

12. Please state any other facts regarding your occupation which you consider important

### DECLARATION

I do hereby declare that the forgoing 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 all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at ..... on the ..... day of ..... 200 .

Signature of the Witness

Occupation

Address

Signature or thumb impression of the proposer

Note – (a) If the proposer has filled in this form in any language other than English, he should further Declare in his own language above his own signature that all the questions were explained to him and his replies were given after fully and properly understanding the same.

(1) This declaration should be made by the person filling in the form Name and Address of Declarant.

I hereby declare that I have fully explained the above Questions to the proposer and I have truthfully Recorded the answers given by the proposer.

Signature.

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

I hereby declare that I have explained the contents of the statement to the proposer in at that language I have read out to the proposer and the answers to the Questions dictated by the proposer had affixed his thumb impression to the statement after fully understanding the contents thereof

Signature