

OCCUPATION QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

EDUCATIONAL QUALIFICATION (already obtained – or state if currently working towards it)

Level of schooling _____ Trade paper(s) _____
 Diploma(s) _____ Degree(s) _____
 Other _____

OCCUPATION _____ **Monthly taxable earnings** _____

1. Brief description of duties _____
 2. Approximate percentage of day spent on: Administration _____ Supervisory duty _____
 Manual duties _____ Traveling _____

A: IF SELF EMPLOYED, COMPLETE THE FOLLOWING:

Do you do business on an informal basis, i.e. vendor, stall owner, etc? YES NO

If "YES", please supply full details

What are your distribution channels, i.e. informal, regular, customers, contracts? Please specify

Do you operate from home? YES NO

Are you registered as a company or a CC? YES NO

If "YES", state registered name and street address

Size of company (number of permanent employees) _____

B: IF NOT SELF EMPLOYED, COMPLETE THE FOLLOWING:

Brief description of nature of employer's business

Employer's name and address

Size of company (approximate number of employees) _____

POSSIBLE HAZARDS

While carrying out your duties do you:

- a) work with molten metals, concentrated chemicals or radioactive materials? YES NO
- b) scale heights? (state heights and how often) _____ YES NO
- c) work with electricity? (state voltage/ power in amps) _____ YES NO
- d) OTHER, i.e. carry a firearm, work with machinery with exposed moving parts, etc.? YES NO

If "YES", please state details

Do you drive in the course of your duties? YES NO

If "YES", state type of vehicle, i.e. company car, motorcycle, taxi, delivery van, lorry, truck and details, i.e. **cargo type**

Across border (provincial, national) or local only: state details _____

Average distances per trip _____ How often _____

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the Policy.

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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